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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000049961 (4)**

1. Corporation Name

HUMAN RESOURCE HEALTHCARE GROUP, INC.

Principal Place of Business	Mailing Address
1240 S. HARBOR CITY BLVD. MELBOURNE FL 32901 US	1713 ERIN CT., NE PALM BAY FL 32905

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3193641	☐ Applied For ☐ Not Applicable
21	26 1924 Giroux Drive, NE		
Street Address 22	Street Address 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Palm Bay, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 32905-3930 / 30 U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PETERSON, JON N
1713 ERIN CT.
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: Peterson, Jon N.
82 Street Address (P.O. Box Number is Not Acceptable): 1924 Giroux Drive, NE
83
84 City: Palm Bay **FL** 85 Zip Code: 32905-3930

11. Pursuant to the provisions of Section 607.1501 and 617.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D ☐ DELETE	11 TITLE	D ☒ Change ☐ Addition
12 NAME	PETERSON, JON N	12 NAME	Peterson, Jon N.
13 STREET ADDRESS	1713 ERIN CT., NE	13 STREET ADDRESS	1924 Giroux Drive, NE
14 CITY-ST-ZIP	PALM BAY FL 32905	14 CITY-ST-ZIP	Palm Bay, FL 32905-3930
21 TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. To the best of my knowledge, this information is supplied voluntarily, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: _____ Jon N. Peterson 1/16/96 407-725-4767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #