

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90081 012 \*\*\*158.75

**DOCUMENT # P93000073286**

1. Entity Name

**EAGLE HEALTHCARE MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

2529 HOPE LANE WEST  
 BEACH GARDENS FL 33410

106 SINTABOGUE CIR  
 DAPHNE AL 36526-7719  
 US

647712

2. Principal Place of Business

2400 State Hwy 121  
 Suite, Apt. #, etc.

1206

City & State

Fuller TX

Zip

76039

Country

USA

3. Mailing Address

2400 State Hwy 121  
 Suite, Apt. #, etc.

1206

City & State

Fuller TX

Zip

76039

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0444393

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WILSON, TERRY J  
 2529 HOPE LANE W.  
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **TERRY J. WILSON**

Street Address (P.O. Box Number is Not Acceptable)

op Steve Templeton CPA

540 Royal Palm Beach Blvd.

City **ROYAL PALM BEACH**

FL

Zip Code

33411

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **WILSON, TERRY J**  
 STREET ADDRESS **2529 HOPE LANE W.**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition  
 NAME **TERRY J. WILSON**  
 STREET ADDRESS **2400 State Hwy 121, 1206**  
 CITY-ST-ZIP **Fuller TX 76039**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Terry J. Wilson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)