

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90032 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000016737

1. Entity Name
HEALTH CARE ADVISORY GROUP, INC.



90130648

Principal Place of Business
1222 S DALE MABRY
#617
TAMPA, FL 33629

Mailing Address
1222 S DALE MABRY
#617
TAMPA, FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3368336

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENABLE, R. STEPHEN
1222 S. DALE MABRY
STE 617
TAMPA, FL 33629

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R. Venable, agent R.S. VENABLE

4/24/03

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

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HOHL, DAVID G
STREET ADDRESS 1222 S. DALE MABRY, STE 617
CITY-ST-ZIP TAMPA, FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME VENABLE, DYAN
STREET ADDRESS 1222 S DALE MABRY #617
CITY-ST-ZIP TAMPA, FL 33629

☐ Delete

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dyan R Venable, Vice President

4/24/03

Date

8733402682

Signature and typed or printed name of signing officer or director

ORREC04 (10/02)