2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90237 028 ***150.00

DOCUMENT # P95000069788

1. Entity Name
HEALTHCARE SPECIALISTS, INC.

Principal Place of Business
501 W BAY ST STE 140
JACKSONVILLE, FL 32257

Mailing Address
PO BOX 550667
JACKSONVILLE, FL 32257

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 301 W. Bay St. #140
Suite, Apt. #, etc.
City & State
Zip: 32202 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3333860 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHELIDS, NINA
301 W BAY STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
Name: William Shields
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 [signature] 2/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENNETT, RANDY 9759-5 SAN JOSE BLVD JACKSONVILLE, FL 32257 ☐ Delete	☑ Change ☐ Addition P.O. Box 550667 Jacksonville, Fl 32255
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHIELDS, WILLIAM 9759-5 SAN JOSE BLVD JACKSONVILLE, FL 32257 ☐ Delete	☑ Change ☐ Addition P.O. Box 550667 Jacksonville, Fl 32255
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CR2E034 (10/02)

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: [signature] 2/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #