

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086368 (4)

1. Corporation Name

HEALTHPAC REVENUE ENHANCEMENTS, INC.



Principal Place of Business

5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

Mailing Address

5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3368916

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1506, 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

Benjamin Aronson

(If the Registered Agent is not the corporation, sign and print name of agent.)

5/10/96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

President/Secretary

☐ DELETE

NAME

ARONSON, BENJAMIN

STREET ADDRESS

5085 MEDORAS AVENUE

CITY - ST - ZIP

ST. AUGUSTINE FL 32084

TITLE

D

CLABORN, B. D. JR.

☒ DELETE

NAME

CLABORN, B. D. JR.

STREET ADDRESS

5085 MEDORAS AVENUE

CITY - ST - ZIP

ST. AUGUSTINE FL 32084

TITLE

D

U. President

☐ DELETE

NAME

ARONSON, MURIEL K

STREET ADDRESS

5085 MEDORAS AVENUE

CITY - ST - ZIP

ST. AUGUSTINE FL 32084

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