2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 08:00 AM
Secretary of State

DOCUMENT # **P95000093477**

1. Entity Name
DECISION MANAGEMENT INTERNATIONAL - HEALTH CARE GROUP, INC.

Principal Place of Business	Mailing Address
1111 3RD AVE W	1111 3RD AVE W
STE 250	STE 250
BRADENTON FL	BRADENTON FL
34205 US	34205 US

2. Principal Place of Business	3. Mailing Address
7842 126TH AVENUE	7842 126TH AVENUE
Suite, Apt. #, etc.: STE A	Suite, Apt. #, etc.: STE A
City & State: LARGO FL	City & State: LARGO FL
Zip: 33773 Country: US	Zip: 33773 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3355764** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON RICHARD A.
501 EAST KENNEDY BLVD.SUITE !&))
TAMPA, FL
APOLLO BEACH FL
33572 US

7. Name and Address of New Registered Agent

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.

SIGNATURE ______ 03/06/2001
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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DST	☒ Delete
NAME	BENEVENTO GEORGE M	
STREET ADDRESS	1016 MAJESTIC OAKS WAY	
CITY-ST-ZIP	SIMPSONVILLE KY 40067	
TITLE	DP	☐ Delete
NAME	HANN STEPHEN S	
STREET ADDRESS	8231 MAIN ST	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	☒ Change ☐ Addition
NAME	HANN KATHY L	
STREET ADDRESS	12125 LILLIAN AVENUE	
CITY-ST-ZIP	LARGO FL 33778	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: Kathy L. Hann DP 03/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #