

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90015 013 ***150.00

DOCUMENT # P96000028839

1. Entity Name

HEALTHPRO MANAGEMENT AND AUTOMATION SYSTEMS, INC

Principal Place of Business

**1351 TYRINGHAM ROAD
 EUSTIS FL 32726
 US**

Mailing Address

**1351 TYRINGHAM RD
 EUSTIS FL 32726
 US**

913088



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

32 E. MAGNOLIA AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1

City & State

EUSTIS, FL

City & State

Zip

32726

Country

USA

Zip

Country

4. FEI Number

59-3370454

Applied For

Not Applicable

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

**PERRINE, DANIEL V
 1351 TYRINGHAM ROAD
 EUSTIS FL 32727**

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

[Signature] **DANIEL V PERRINE**

1/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PERRINE, DANIEL V**
 STREET ADDRESS **1351 TYRINGHAM ROAD**
 CITY-ST-ZIP **EUSTIS FL 32727**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

[Signature] **DANIEL V PERRINE**

Date

1/30/01

Daytime Phone #

352 357-5116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)