

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033577

1. Entity Name

H&R MEDICAL SERVICES, INC.

Principal Place of Business

P.O. BOX 702334  
ST CLOUD FL 34770-2334

Mailing Address

P.O. BOX 702334  
ST CLOUD FL 34770-2334

2. Principal Place of Business

750 OFFICE PLAZA BWO

3. Mailing Address

Suite, Apt. #, etc.

SUITE 302 # 6

Suite, Apt. #, etc.

City & State

KISSIMMEE FLORIDA

City & State

Zip

34744

Country

USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3373692

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUSTON, CHARLES A  
521 E. 17TH ST  
ST CLOUD FL 34769

7. Name and Address of New Registered Agent

Name RICHARD F HUSTON

Street Address (P.O. Box Number is Not Acceptable)  
501 E. 17th St.

City

St. Cloud

FL

Zip Code

34769

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 Charles A Huston

*Charles A Huston*

4-16-01

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

TITLE P  
NAME HUSTON, RICK  
STREET ADDRESS 521 E. 17TH ST  
CITY-ST-ZIP ST CLOUD FL 34769 ☐ Delete

TITLE VP  
NAME HUSTON, CHARLES A  
STREET ADDRESS 521 E. 17TH ST  
CITY-ST-ZIP ST. CLOUD FL 34769 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Richard F Huston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01 407-957-9124

CR2E034 (10/00)