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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000044408 (8)

1. Corporation Name

HEALTHCARE RESOURCE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4023 N ARMENIA AVE
SUITE 320
TAMPA FL 33677

P O BOX 23612
TAMPA FL 33623-3612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

59-3375970

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business
21 3117 W. Columbus Drive

2a. Mailing Address
26 PO Box 2

Suite, Apt. #, etc.
22 SUITE #207

Suite, Apt. #, etc.
27

City & State
23 TAMPA, Florida

City & State
28

Zip
24 33607

Country
25 USA

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINN, DIANNE M
17700 HANNA ROAD
LUTZ FL 33549

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 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME DRISCOLL, JOAN K
STREET ADDRESS 17716 LEE AVE #3
CITY-ST-ZIP REDINGTON SHORES FL 33708

TITLE VPD ☒ DELETE

NAME COOPERWASSER, RICHARD
STREET ADDRESS 11740 FOREST HILLS DRIVE
CITY-ST-ZIP TAMPA FL 33612-5126

TITLE ~~TO President~~ ☐ DELETE

NAME FINN, DIANNE M
STREET ADDRESS 17700 HANNA ROAD
CITY-ST-ZIP LUTZ FL 33549

TITLE SD ☒ DELETE

NAME STREUBER, PATRICIA
STREET ADDRESS 3202 EMPEDRADO STREET
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] DIANNE M. Finn 4/14/98 815-353-1001

CR2E034 (10/97)