2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000080652** HEALTHCARE RESOURCE CONSULTANTS, INC.

1406 HAYS STREET

SUITE #2

FILED Mar 19, 2001 8:00 am **Secretary of State**

03-19-2001 90016 045 ***150.00

Principal Place of Business Mailing Address 1000 NE SETH STREET 1000 NE-SOTH STREET FORT-LAUDERDALE-FL-38994 FORT-LAUDERDALE_FL_33334 781 Crandon Blvd.Apt.405 781 Crandon Blvd., Apt. 405 Key Biscayne, FL 33149 Key Biscayne, FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0692088 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD. INC.

TALLAHASSEE FL 32301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

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

\$5.00 May Be Added to Fees

Zip Code

Applied For

Not Applicable

(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Delete XX Change TITLE TITLE NORIEGA, RUDY J NAME NAME 781 Crandon Blvd., Apt. 405 STREET ADDRESS 5601 N-DIXIE HWY-STE-411 STREET ADDRESS CITY-ST-ZIP Key Biscayne, FL 33149 CITY-ST-7IP FT-LAUDERDALE-FL-33334 XX Change ☐ Addition ☐ Delete TITLE TITLE KNOWLES, SALLY A NAME NAME STREET ADDRESS STREET ADDRESS 781 Crandon Blvd., Apt. 405 Key Biscayne, FL <u>33149</u> 5601 NORTH DIXIE-HIGHWAY STE.-411 CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 39334 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP 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.

ICER OR DIRECTOR

SIGNATURE:

Rudy J. Noriega 3/13/01

(954) 958-0605