

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90906 049 ***158.75

DOCUMENT # P96000090396

1. Entity Name
INTERSOURCE HEALTH CARE, INC.

Principal Place of Business 7887 BRYAN DAIRY RD STE 105 LARGO FL 33777 US	Mailing Address 7887 BRYAN DAIRY RD STE 105 LARGO FL 33777-1452 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3409308	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
**TOUPS, MICHAEL
 7887 BRYAN DAIRY RD
 STE 105
 LARGO FL 33777**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 DVP	<input checked="" type="checkbox"/> Delete
NAME CLANCY, MARC	
STREET ADDRESS 7887 BRYAN DAIRY RD STE 105	
CITY-ST-ZIP LARGO FL	
TITLE STD	<input type="checkbox"/> Delete
NAME TOUPS, MICHAEL P	
STREET ADDRESS 400 PALM DR	
CITY-ST-ZIP LARGO FL 33770	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME TOUPS, LEON H	
STREET ADDRESS 418 HARBOR VIEW LANE	
CITY-ST-ZIP LARGO FL 33770	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President CEO, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME James Douglas	
STREET ADDRESS 7887 Bryan Dairy Rd, Suite 105	
CITY-ST-ZIP Suite 105, Largo FL 33777	
TITLE President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Kirk Cianciolo, D.O.	
STREET ADDRESS 7887 BRYAN DAIRY ROAD, SUITE 105	
CITY-ST-ZIP LARGO, FL 33777	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Leslie Reagan	
STREET ADDRESS 1230 Myrtle Ave.	
CITY-ST-ZIP Clearwater, FL 33777	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____ DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)