

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90021 012 \*\*\*150.00

0026691

**DOCUMENT # P96000093522**

1. Entity Name  
**INDEPENDENT HEALTH CARE ADVISORS, INC.**

Principal Place of Business <b>1319 THOMSWOOD DR          TALLAHASSEE FL 32312          US</b>	Mailing Address <b>3054 O'BRIEN DRIVE          TALLAHASSEE FL 32308</b>
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2. Principal Place of Business <b>2015 Centre Pointe Blvd.</b>	3. Mailing Address <b>2015 Centre Pointe Blvd.</b>
Suite, Apt. #, etc. <b>Suite 103</b>	Suite, Apt. #, etc. <b>Suite 103</b>
City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>
Zip <b>32308</b>	Country <b>U.S.</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3420334</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**O'DEA, JOHN  
 3054 O'BRIEN DRIVE  
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD O'DEA, JOHN P 3054 O'BRIEN DRIVE TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD LONG, BEVERLY S 7928 SKIPPER LANE TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: John P. O'Dea John P. O'Dea 2/14/2001 (850) 422-8963  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)