

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 26, 2000 8:00 am**
Secretary of State

05-26-2000 90114 026 ***150.00

DOCUMENT # P97000020071

1. Entity Name

HEALTHCARE DESIGN FORUM, INC.

Principal Place of Business

Mailing Address

**549 N VIRGINIA AVE
WINTER PARK FL 32789
US****549 N VIRGINIA AVE
WINTER PARK FL 32789-3169
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1445347

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONTE, LYNN F
550 VIA LUGANO
WINTER PARK FL 32789**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CONTE, LYNN F**
CITY-ST-ZIP **550 VIA LUGANO
WINTER PARK FL 32789**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

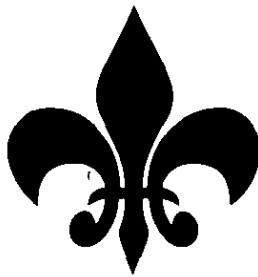
Date

5/1/00**407-539-2399**

Daytime Phone

407-539-2969

HEALTHCARE DESIGN FORUM



#P97000020071
A0066053

MAY 4 2000

TO WHOM IT MAY CONCERN,

I HAVE BEEN COMING INTO THE OFFICE
ONCE A MONTH TO HELP OUT MRS. CONTE SINCE
AROUND AUGUST OF 1999. SHE HAS BEEN DEALING
WITH CANCER AND NOT ACTUALLY WORKING
AT THE BUSINESS SINCE THEN. SHE DOES
STILL MAINTAIN AN OFFICE AND INTENDS TO
RESUME WORKING SOON. SHE HAD CREATED
A TICKLER FILE IN THE BEGINNING OF
THE YEAR (BY MONTH) & I HAVE JUST COME
IN THE OFFICE TO REVIEW MAY'S FILE
& HAVE FOUND THAT THIS FORM IS ACTUALLY
DUE (WAS ACTUALLY DUE 5/1/00). I CALLED
YOUR OFFICES & WAS TOLD TO GET HER TO
SIGN THE FORM, ENCLOSE A CK FOR \$750.00
& WRITE THIS LETTER.

WE ARE DOING SO TODAY WITH APPRECIATION
FOR YOUR UNDERSTANDING.

THANKING YOU ON HER
BEHALF,

Laura Grad