

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90027 045 ***150.00

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1. Entity Name

FLORIDA HEALTHCARE & BUSINESS CONSULTANTS,
INC.



Principal Place of Business

8223 DARRARA DRIVE
NEW PORT RICHEY FL 34653
US

Mailing Address

8223 DARRARA DRIVE
NEW PORT RICHEY FL 34653
US

54033206



MOORE

CR2E034 (11/03)

2. Principal Place of Business

8223 DARRARA DR

Suite, Apt. #, etc.

New Port Richey

City & State

FL

Zip 34653

Country

PASCO

3. Mailing Address

8223 DARRARA DR

Suite, Apt. #, etc.

New Port Richey, FL

City & State

FL

Zip 34653

Country

PASCO

4. FEI Number

59-3455487

Applied For

Not Applicable

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

JANEZIC, JOSEPH A
4815 E. BUSCH BOULEVARD
SUITE 113
TAMPA FL 33617

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEWIS, GLEN
STREET ADDRESS 4539 NEEDLE PALM DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE O
NAME SCHIMIDT, L. PAUL
STREET ADDRESS 55 MARIETTA STREET
CITY-ST-ZIP ATLANTA GA 30303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Glen T. Lewis Pres / Glen T. Lewis Pres / 04-10-04 727-375-1531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #