

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072628

1. Entity Name  
**TITAN HEALTHCARE, INC.**

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90033 043 \*\*\*150.00

Principal Place of Business  
**MOULTRIE P.T.**  
**713 S. MAIN ST**  
**MOULTRIE GA 31768**

Mailing Address  
**2225 A1A SOUTH**  
**#B7**  
**ST AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3468070</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country				
		<b>32080</b>					

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PALMER, KIM</b> <b>2225 A1A SOUTH</b> <b>SAINT AUGUSTINE FL 32084</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>SUITE B7</b>	
		City	
		<b>FL</b> Zip Code <b>32080</b>	

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALMER, KIM</b>	NAME	
STREET ADDRESS	<b>204 3RD STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	CITY-ST-ZIP	<b>Zip code - 32080</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVERA, ROBERT MD</b>	NAME	
STREET ADDRESS	<b>800 ZEAGLER DR, STE 610</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL 32117</b>	CITY-ST-ZIP	<b>Zip Code 32177</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Kimberly A Palmer* (Kimberly A Palmer) 3/6/01 904 461 3184

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)