

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90053 045 \*\*\*150.00

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**DOCUMENT # P97000072628**

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

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

Mailing Address  
**2225 A1A SOUTH**  
**#B7**  
**ST. AUGUSTINE FL 32080**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2225 A1A SOUTH</b>		3. Mailing Address		4. FEI Number <b>59-3468070</b>		Applied For	
Suite, Apt. #, etc. <b>Suite B-7</b>		Suite, Apt. #, etc.				Not Applicable	
City & State <b>St Augustine, FL</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip <b>32080</b>	Country <b>USA</b>	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PALMER, KIM</b>		Name	
<b>2225 A1A SOUTH</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>SUITE B7</b>			
<b>ST. AUGUSTINE FL 32080</b>		City <b>FL</b> 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) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D PALMER, KIM</b> <b>204 3RD STREET</b> <b>ST AUGUSTINE FL 32080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SILVERA, ROBERT MD</b> <b>800 ZEAGLER DR, STE 610</b> <b>PALATKA FL 32177</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** *Kim G. Palmer* **3/8/02 904-461-3184**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)