

06-17-1999 90007 015,111,150.00
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085563

1. Corporation Name

HEALTH MANAGEMENT CONCEPTS, INC.

FILED

99 JUL -6 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2603 Mohawk Circle
2603 MOHAWK CIRCLE W.
WEST PALM BEACH FL 33409
Mailing Address 2603 Mohawk Circle
2603 MOHAWK CIRCLE W.
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2603 Mohawk Circle
21 2603 Mohawk Circle
22 Suite, Apt. #, etc.
23 City & State West Palm Beach FL 33409
24 Zip 33409 25 Country USA
26 2603 Mohawk Circle
27 Suite, Apt. #, etc.
28 City & State West Palm Beach FL
29 Zip 33409 30 USA

3. Date Incorporated or Qualified 10/02/1997
4. FEI Number 65-0768569 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

HARMON, BARBARA
2603 MOHAWK CIRCLE
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signatures required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	HARMON, BARBARA	1.2 NAME	
STREET ADDRESS	2603 MOHAWK CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33409	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	VRECHEK, NANCY	2.2 NAME	
STREET ADDRESS	725 NORTH HWY A1A STE E204	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	ANDREWS, MARY	3.2 NAME	
STREET ADDRESS	3428 SEACOAST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	LABORDE, REBECCA	4.2 NAME	
STREET ADDRESS	3428 SEACOAST ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Harmon REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

561-3854127

Daytime Phone #

CR2E034 (11/98)

June 29, 1999

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

2

Subject: Late Filing of Annual Report
Ref. Number: P9700085563

I have failed to file Health Management Concepts, Inc., Annual Report due to a series of health problems that have afflicted my family and myself.

My wife, Barbara Harmon Corporate Agent, unexpectedly developed a life threatening arrhythmia and required an emergency pacemaker insertion. The pacemaker insertion came after months of diagnostic testing and evaluation. Concurrently, I was involved in a MVA and sustained thigh muscle tears which will require months of rehabilitation. Additionally, my wife had a thyroid biopsy performed and the results revealed suspicious cells. As a result of this outcome we have been consulting with the Sylvester Cancer Comprehensive Center in Miami, for advice on how to best handle the thyroid problem.

In light of these developments I would like to request a waiver of the late fee of \$400.00. I apologize for filing the Annual Report late but due to the above circumstances I would like for you to waive the penalty fee.

I have enclosed a copy of the Anesthesia Bill for the pacemaker insertion, a copy of the thyroid ultra sound and my rehabilitation visits.

Thank you for your consideration in this matter.



David Harmon