

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90160 013 ***150.00

DOCUMENT # P97000087714

1. Entity Name

HEALTH ASSET MANAGEMENT, INC.



Principal Place of Business
1325 SAN MARCO BLVD.
STE. 800
JACKSONVILLE FL 32207

Mailing Address
1325 SAN MARCO BLVD.
STE. 800
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3473735**

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

TARPLEY, MARILYN E
5343 MORGAN HORSE DRIVE
JACKSONVILLE FL 32257

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 obligation.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **TARPLEY, MICHAEL D**
STREET ADDRESS **5343 MORGAN HORSE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☒ Addition
NAME **KEVIN HOOT**
STREET ADDRESS **2077 BRIGHTON BAY TRAIL**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **D** ☐ Delete
NAME **GLASSMAN, DEAN M.D.**
STREET ADDRESS **836 PRUDENTIAL DRIVE, STE. 1603**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MONROIG, ANTONIO**
STREET ADDRESS **2121 K STREET N.W., STE. 800**
CITY-ST-ZIP **WASHINGTON DC 20037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GOODEN, CLARENCE**
STREET ADDRESS **4216 W. POINT LA VISTA ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TARPLEY, MARILYN E**
STREET ADDRESS **5343 MORGAN HORSE DR**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PATTERSON, GARY**
STREET ADDRESS **12334 FT CAROLINE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

8-25-03 904-338-9998
Date Daytime Phone #

CR2E034 (4/03)