

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90034 024 ***150.00

0043407 AV

DOCUMENT # P97000093574

1. Entity Name

HEALTH SCIENCE RESOURCE INTEGRATION, INC.

Principal Place of Business

ATTN: BRENT KERGER
2976 WELLINGTON CIRCLE WEST
TALLAHASSEE FL ~~32309~~

Mailing Address

ATTN: BRENT KERGER
2976 WELLINGTON CIRCLE WEST
TALLAHASSEE FL ~~32309~~

813124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **32309**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **32309**

Country

4. FEI Number **59-3481614**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, ROBERT F
~~401 N. GADSDEN ST.~~
TALLAHASSEE FL 32301

(New address only)

7. Name and Address of New Registered Agent

Name **Robert F. Reyes**
Street Address (P.O. Box Number is Not Acceptable)
215 South Monroe St.
Suite 600
City **Tallahassee** FL Zip Code **32301**

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 *Brent D. Kerger*

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

(NOTE: Registered Agent signature required when reinstating)

1-23-02

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

TITLE NAME PD BRENT D KERGER
STREET ADDRESS 6290 BLACK FOX WAY
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE NAME VD KERGER, SUZANNE M
STREET ADDRESS 6290 BLACK FOX WAY
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

Brent D. Kerger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02 894-4800

Date

Daytime Phone #

CR2E034 (9/01)