

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # R97000108880

1. Entity Name

HCC HEALTHCARE CONSULTANTS, INC.

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90043 023 \*\*\*150.00

02012

Principal Place of Business

2625 TOWNSEND BLVD.  
JACKSONVILLE FL 32211

Mailing Address

PO BOX 16833  
JACKSONVILLE FL 32245

718128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3164 Green Arbor Pl  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

Country

4. FEI Number 59-3484697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHUMAN, THOMAS JOHN  
2625 TOWNSEND BLVD.  
JACKSONVILLE FL 32211

William J. Schuman  
3164 Green Arbor Pl  
Jacksonville, FL 32277

7. Name and Address of New Registered Agent

Name: William J. Schuman  
Street Address (P.O. Box Number is Not Applicable): 3164 Green Arbor Pl  
City: Jacksonville FL Zip Code: 32277

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

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

(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, 2001 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: DPST  
NAME: SCHUMAN, WILLIAM JAMES  
STREET ADDRESS: 3164 GREEN ARBOR PL  
CITY-ST-ZIP: JACKSONVILLE FL 32277 ☐ Delete

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

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NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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:

William J. Schuman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/01 904-382-7831

CR2E034 (10/00)