

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90025 022 \*\*\*150.00

**DOCUMENT # P98000029233**

1. Entity Name

**HEALTHCARE INTEGRITY SPECIALIST, INC.**

Principal Place of Business

**3050 N. HORSESHOE DRIVE, SUITE 100  
NAPLES FL 34104-7908**

Mailing Address

**3050 N. HORSESHOE DRIVE, SUITE 100  
NAPLES FL 34104-7908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0892727**

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

**CONWELL, THOMAS J  
3050 N. HORSESHOE DRIVE, SUITE 100  
NAPLES FL 34104-7908**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>0</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUSBY, LINDA A</b>	
STREET ADDRESS	<b>3050 NORTH HORSESHOE DR., STE 100</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104-7908</b>	
TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>CONWELL, THOMAS J</b>	
STREET ADDRESS	<b>3050 N. HORSESHOE DRIVE, SUITE 100</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104-7908</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GILVEY, NORMAN</b>	
STREET ADDRESS	<b>2916 Turning Mill Drive</b>	
CITY-ST-ZIP	<b>Springfield, IL 62707</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)