

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90397 006 \*\*\*150.00

DOCUMENT # P98000029233

1. Entity Name

HEALTHCARE INTEGRITY SPECIALIST, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 GOODLETTE RD N.

3. Mailing Address

501 GOODLETTE RD N.

Suite, Apt. #, etc.

STE # B-206

Suite, Apt. #, etc.

STE # B-206

City & State

NAPLES FLA

City & State

NAPLES FLA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0892727

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34102

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS J CONWELL

Street Address (P.O. Box Number is Not Acceptable)

501 GOODLETTE RD N

STE # B-206

City

NAPLES

FL

Zip Code

34102

DO NOT WRITE  
IN THIS SPACE

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

*Thomas J. Conwell*  
Signature, typed or printed name of registered agent and title if applicable.

THOMAS J CONWELL

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRES
NAME	GILVEY, NORMAN
STREET ADDRESS	2916 TURNING MILL DRIVE
CITY - ST - ZIP	SPRINGFIELD ILL 62707
TITLE	DIR, SEC
NAME	CONWELL, THOMAS J
STREET ADDRESS	501 GOODLETTE RD N. # B-206
CITY - ST - ZIP	NAPLES FLA 34102

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas J. Conwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J CONWELL

Date

Daytime Phone #

4/30/02