FILED
May 27, 2003 8:00 am
Secretary of State
05-02-2003 90255 039 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029233

1. Entity Name
HEALTHCARE INTEGRITY SPECIALIST, INC.

DO NOT WRITE IN THIS SPACE

55043730

2. Principal Place of Business	3. Mailing Address
4041 GULF SHORE BLVD	4041 GULF SHORE BLVD
Suite, Apt. #, etc.: # 709	Suite, Apt. #, etc.: # 709
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34103 Country: USA	Zip: 34103 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0892727 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: THOMAS J CONWELL

Street Address (P.O. Box Number is Not Acceptable): 4041 GULF SHORE BLVD # 709

City: NAPLES **FL** Zip Code: 34103

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 obligations of registered agent.

SIGNATURE: Thomas J Conwell 5/22/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $524.00
Amended UBR is $61.25
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

TITLE	DPS
NAME	THOMAS J CONWELL
STREET ADDRESS	4041 GULF SHORE BLVD #709
CITY - ST - ZIP	NAPLES FL 34103
TITLE	D
NAME	NORMAN GILVEY
STREET ADDRESS	510 ROBIN HOOD CIR # 102
CITY - ST - ZIP	NAPLES FL 34104
TITLE	
NAME	
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CR2E034B (12/02)

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

SIGNATURE: Norman Gilvey NORMAN GILVEY 5/22/03 239-793-0861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1