

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083859

1. Entity Name

HSP HEALTH, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90009 030 ***150.00

Principal Place of Business

160 MALABAR RD. STE. 102
PALM BAY FL 32907

Mailing Address

160 MALABAR RD. STE. 102
PALM BAY FL 32907-2912

2. Principal Place of Business

190 Malabar Rd SW

3. Mailing Address

190 Malabar Rd SW

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Palm Bay FL

City & State

Palm Bay FL

Zip

32907-2912

Country

Zip

32907-2912

Country

4. FEI Number

59-3539315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANTON, HAGEN S
400 CORAL AVE.
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

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, 2000 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
STREET ADDRESS
CITY-ST-ZIP
PDT
PANTON, HAGEN S
400 CORAL AVE.
MELBOURNE BEACH FL 32951 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PANTON, HAGEN S
400 CORAL AVE.
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)