

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000099907

FILED
Apr 14, 2003
Secretary of State

Entity Name: HEALTH CARE ADVISORY CONSULTANTS, INC.

Current Principal Place of Business:

3199 N.E. 8TH AVE.
BOCA RATON, FL 334316912

New Principal Place of Business:

Current Mailing Address:

3199 N.E. 8TH AVE.
BOCA RATON, FL 334316912

New Mailing Address:

FEI Number: 65-0876443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, ANDREW D
3199 N.E. 8TH AVE.
BOCA RATON, FL 334316912

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: DOUGLAS, ANDREW D
Address: 3199 NE 8TH AVE
City-St-Zip: BOCA RATON, FL 334316912

Title: VT () Delete
Name: DOUGLAS, LAUREN G
Address: 3199 NE 8TH AVE
City-St-Zip: BOCA RATON, FL 334316912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW D DOUGLAS

PS

04/14/2003

Electronic Signature of Signing Officer or Director

Date