

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 20, 2000 8:00 am**
Secretary of State

09-20-2000 90004 029 ***550.00

DOCUMENT # P99000021103

1. Entity Name

HEALTH CIRCLE COUNSELING ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**4998 S.W. 86TH TERRACE
COOPER CITY FL 33328****4998 S.W. 86TH TERRACE
COOPER CITY FL 33328-3722**

2. Principal Place of Business

3. Mailing Address

18475 MIRAMAR PARKWAY
Suite, Apt. #, etc.**18475 MIRAMAR PARKWAY**
Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

65-0906978

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

**TOMCHIK, STARLEY
4998 S.W. 86TH TERRACE
COOPER CITY FL 33328**

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	STARLEY M. TOMCHIK	4998 SW 86TH TERRACE	COOPER CITY, FLORIDA 33328		

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: **Starley M. Tomchik** **STARLEY M. TOMCHIK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-00

Date

954-450-3550

Daytime Phone #

CR 21074 19/99