

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025957

1. Entity Name

H.C. HEALTHCARE, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90903 042 \*\*\*150.00

Principal Place of Business

Mailing Address

3109 STIRLING ROAD, SUITE 101  
FORT LAUDERDALE FL 33312

3109 STIRLING ROAD, SUITE 101  
FORT LAUDERDALE FL 33312-6558

2. Principal Place of Business

3. Mailing Address

506 NW 4th Street

506 NW 4th Street

Suite, Apt. #, etc.  
Jasper, Florida

Suite, Apt. #, etc.  
Jasper, Florida

City & State

City & State

4. FEI Number

Applied For

65-0913116

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip  
32052

Country  
US

Zip  
32052

Country  
US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCAILL, CLINTON T  
4404 193RD DRIVE  
LIVE OAK FL 32060

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Joel T. Schiro  
1532 Hatley Street  
Jasper, Florida 32052

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/T/S  
Robert Krasnow, Jr.  
5422 S.W. 86th Street  
Gainesville, Florida 32608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert Krasnow* ROBERT KRASNOW 04/27/00 904-792-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)