

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 8:00 am**
Secretary of State

05-01-2001 90131 017 ***150.00

DOCUMENT # P99000025957

1. Entity Name

H.C. HEALTHCARE, INC.

Principal Place of Business

**3109 STIRLING ROAD, SUITE 101
FORT LAUDERDALE FL 33312**

Mailing Address

**3109 STIRLING ROAD, SUITE 101
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

506 NW 4th Street

3. Mailing Address

506 NW 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jasper, Florida

City & State

Jasper, FL.4. FEI Number **65-0913116**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**Zip
32052Country
U.S.A.Zip
32052Country
U.S.A.

6. Name and Address of Current Registered Agent

**MCCAHL, CLINTON T
4404 193RD DRIVE
LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

Name **Same (Just change of office)**

Street Address (P.O. Box Number is Not Acceptable)

**104 Hatley Street
P.O. Box 1008**City **Jasper, FL.**

FL

Zip Code
32052

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 **Clinton T. McLaughlin**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/019. 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, 2001 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	P SCHIRO, JOEL 1532 HATLEY STREET JASPER FL 32052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS KRASNOW, ROBERT 5422 S.W. 86TH STREET GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joel T. Schiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel T. Schiro**4/25/01**

Date

904-792-7200

Daytime Phone #

CR2E034 (10/00)