

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000040287

1. Entity Name

HEALTHCARE CONSULTANTS OF PLANTATION, INC.

Principal Place of Business

6600 CYPRESS ROAD #504  
PLANTATION FL 33317

Mailing Address

805 SW BROWARD BLVD  
PMB#36  
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

6600 Cypress Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#504

City & State

City & State

PLANTATION FL

Zip

Zip

33317

Country

USA

4. FEI Number

65-0918272

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

MOSES, WILLIAM

6600 CYPRESS ROAD #504  
PLANTATION FL 33317

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
MOSES, WILLIAM  
6600 CYPRESS RD. #504  
FORT LAUDERDALE FL 33317

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Delete

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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: *William Moses William Moses*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (954) 791-4350  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)