

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047862

1. Entity Name

HEALTHCPR.COM, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90041 035 \*\*\*150.00

Principal Place of Business

18459 PINES BLVD. SUITE 137  
PEMBROKE PINES FL 33029

Mailing Address

18459 PINES BLVD. SUITE 137  
PEMBROKE PINES FL 33029-1400

2. Principal Place of Business

11 Dupont Circle NW

3. Mailing Address

11 Dupont Circle NW

Suite, Apt. #, etc.

Suite 325

Suite, Apt. #, etc.

Suite 325

City & State

Washington, DC

City & State

Washington, DC

4. FEI Number

050-930-232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City SAME

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

TITLE D & Chairman  
NAME RAMSAROOP, PETER  
STREET ADDRESS 18459 PINES BLVD, SUITE 137  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE D  
NAME RAMSAROOP, PAUL  
STREET ADDRESS 18459 PINES BLVD, SUITE 137  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE Cynthia Howar Trutanic - President  
NAME  
STREET ADDRESS 11 Dupont Circle, NW Suite 325  
CITY-ST-ZIP Washington, DC 20036 ☐ Delete

TITLE James K. Wholey - VP & General Counsel  
NAME  
STREET ADDRESS 11 Dupont Circle, NW Suite 325  
CITY-ST-ZIP Washington DC 20036 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE President  
NAME Cynthia Howar Trutanic  
STREET ADDRESS 11 Dupont Circle, NW Suite 325  
CITY-ST-ZIP Washington, DC 20036 ☐ Change ☒ Addition

TITLE VP & General Counsel; Corporate Secretary  
NAME James K. Wholey  
STREET ADDRESS 11 Dupont Circle NW Suite 325  
CITY-ST-ZIP Washington, DC 20036 ☐ Change ☒ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(2)(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:

*James K. Wholey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES K. WHOLEY

April 21, 2000

(202) 210-8497

Secretary of the Corporation

Daytime Phone #