

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000052585

Entity Name: HEALTHCARE PRACTICE SOLUTIONS, INC.

FILED  
Jan 21, 2002 8:00 AM  
Secretary of State

**Current Principal Place of Business:**

200 LESLIE DRIVE, #730  
HALLANDALE, FL 33009

**New Principal Place of Business:**

3901 SOUTH OCEAN DRIVE  
SUITE 3E  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

200 LESLIE DRIVE, #730  
HALLANDALE, FL 33009

**New Mailing Address:**

3901 SOUTH OCEAN DRIVE  
SUITE 3E  
HOLLYWOOD, FL 33019

FEI Number: 65-0926138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURG, STACEY M  
200 LESLIE DRIVE, #730  
HALLANDALE, FL 33009

**Name and Address of New Registered Agent:**

BURG, STACEY M  
3901 SOUTH OCEAN DRIVE  
SUITE 3E  
HOLLYWOOD, FL 33019

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:

01/21/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: BURG, STACEY M  
Address: 200 LESLIE DRIVE, #730  
City-St-Zip: HALLANDALE, FL 33009

Title: CFO (X) Delete  
Name: BURG, TERRY R  
Address: 200 LESLIE DRIVE, #730  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: BURG, STACEY M  
Address: 3901 SOUTH OCEAN DRIVE SUITE 3E  
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY M. BURG

PSTD

01/21/2002

Electronic Signature of Signing Officer or Director

Date