

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052603

1. Entity Name

HEALTH INFORMATION CONSULTANT, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90044 037 \*\*\*150.00

Principal Place of Business <b>5950 PALM TRACE LANDINGS DR SUITE 104 DAVIE FL 33314</b>	Mailing Address <b>5950 PALM TRACE LANDINGS DR SUITE 104 DAVIE FL 33314-1864</b>
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800643064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5454 NW 90th AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>5454 NW 90th AVE</b> Suite, Apt. #, etc.
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City & State <b>SUNRISE FL</b>	City & State <b>SUNRISE FL</b>	4. FEI Number <b>65-0926406</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33351</b>	Country <b>BROWARD</b>	Zip <b>33351</b>	Country <b>BROWARD</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MCGRATH, CAROL M 5950 PALM TRACE LANDINGS DR SUITE 104 DAVIE FL 33314</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5454 NW 90th AVE</b> City <b>SUNRISE FL</b> Zip Code <b>33351</b>
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MCGRATH, CAROL M</b> <b>5950 PALM TRACE LANDINGS DR SUITE 104</b> <b>DAVIE FL 33314</b>
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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5454 NW 90th AVE</b> <b>SUNRISE FL 33351</b>
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: Carol M. McGrath 2/24/2000 (954) 749-2009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)