

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90315 037 ***150.00

A0038314

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000070972- ✓			
1. Entity Name Merrell Health and Human Service Consultants, Inc.			
Principal Place of Business 599 John Anderson Drive Ormond Beach, FL 32176		Mailing Address P.O. Box 2491 Daytona Beach, FL 32115-2491	
2. Principal Place of Business		3. Mailing Address 599 John Anderson Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ormond Beach, FL	
Zip	Country	Zip	Country
32176	United States	32176	United States
4. FEI Number 593592524		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Palmetto Charter Services, Inc. 150 Magnolia Avenue Daytona Beach, FL 32115-2491		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/>		\$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	Director <input type="checkbox"/> Delete Rosalind F. Merrell 599 John Anderson Drive Ormond Beach, FL 32176	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rosalind F. Merrell, Director		Rosalind F. Merrell Date March 19, 2001	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (11/00)