

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081054

1. Entity Name

HD HEALTHCARE, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90048 029 \*\*\*150.00

Principal Place of Business Mailing Address  
1489 W. PALMETTO PARK RD., SUITE 485 1489 W. PALMETTO PARK RD., SUITE 485  
BOCA RATON FL 33486 BOCA RATON FL 33486-3327

2. Principal Place of Business 3. Mailing Address  
2717 W. Cypress Creek Road 2717 W. Cypress Creek Road  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Fort Lauderdale, FL Fort Lauderdale, FL  
Zip Country Zip Country  
33309 USA 33309 USA

4. FEI Number Applied For  
65-0948045 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J  
1489 W. PALMETTO PARK RD., SUITE 485  
BOCA RATON FL 33486

## 7. Name and Address of New Registered Agent

Name  
Cantor, Samuel J.  
Street Address (P.O. Box Number is Not Acceptable)  
6700 Broken Sound Parkway NW  
Suite 200  
City Boca Raton FL Zip Code 33487

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 XX Delete  
NAME PARKER, DAVID L  
STREET ADDRESS 1489 W. PALMETTO PARK RD., SUITE 485  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME Philip Stickles  
STREET ADDRESS 2717 W. Cypress Creek Road  
CITY-ST-ZIP Fort Lauderdale, FL 33309

TITLE D ☐ Change ☒ Addition  
NAME Steven G Rose  
STREET ADDRESS 2717 W Cypress Creek Rd  
CITY-ST-ZIP Ft Lauderdale, FL 33309

TITLE D ☐ Change ☒ Addition  
NAME Christine Rogers  
STREET ADDRESS 2717 W Cypress Creek Rd  
CITY-ST-ZIP Ft Lauderdale, FL 33309

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)