

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 1489 W. PALMETTO PARK RD., SUITE 485 BOCA RATON FL 33486	Mailing Address 1489 W. PALMETTO PARK RD., SUITE 485 BOCA RATON FL 33486-3327
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2717 W. Cypress Creek Road Suite, Apt. #, etc.	3. Mailing Address 2717 W. Cypress Creek Road Suite, Apt. #, etc.
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City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL	4. FEI Number 65-0948045	Applied For <input type="checkbox"/> Not Applicable
Zip 33309	Country USA	Zip 33309	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$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

4/25/00

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Philip Stickles	
STREET ADDRESS 2717 W. Cypress Creek Road	
CITY-ST-ZIP Fort Lauderdale, FL 33309	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Steven G Rose	
STREET ADDRESS 2717 W Cypress Creek Rd	
CITY-ST-ZIP Ft Lauderdale, FL 33309	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Christine Rogers	
STREET ADDRESS 2717 W Cypress Creek Rd	
CITY-ST-ZIP Ft Lauderdale, FL 33309	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/4/00

954 969 0658
 Daytime Phone #

CR2E034 (9/99)