

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088712

1. Entity Name

RENCRIS HEALTHCARE CONSULTING, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90096 049 ***158.75

Principal Place of Business

128 W. VILLAGE WAY
JUPITER FL 33458

Mailing Address

128 W. VILLAGE WAY
JUPITER FL 33458-7820

2. Principal Place of Business

5154 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite 210

City & State

West Palm Beach, FL

Zip

33417

Country

US

3. Mailing Address

5154 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite 210

City & State

West Palm Beach, FL

Zip

33417

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0955993

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GACKENHEIMER, E. DREW
128 W. VILLAGE WAY
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

DIANE CARTIER

Street Address (P.O. Box Number is Not Acceptable)

5154 Okeechobee Blvd, S. 210

City

West Palm Beach, FL

Zip Code

33417

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]

Signature, typed or printed name of registered agent and title if applicable.

Assessment COORDINATION 4-25-00

(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)

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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	<input checked="" type="checkbox"/> Delete
NAME	GACKENHEIMER, E. DREW	
STREET ADDRESS	128 W. VILLAGE WAY	
CITY-ST-ZIP	JUPITER FL 33458	
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
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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	CORY S. CHAMBERS	
STREET ADDRESS	12900 BUCKEYE DRIVE	
CITY-ST-ZIP	DARNESTOWN, MD 20878	
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		
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cory S. Chambers

Date

(561) 683-1400

Daytime Phone #