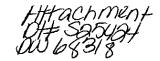
2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 07, 2000 8:00 am Secretary of State DOCUMENT # S25424 1. Entity Name HHCS, INC. 07-07-2000 90396 036 ***150.00 Principal Place of Business Mailing Address 639 E. COLONIAL DRIVE 639 E. COLONIAL DRIVE ORLANDO FL 32803-4602 ORLANDO FL 32803 DCGGS318 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3135166 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEARLMAN, CRAIG S. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 940 HIGHLAND AVE ORLANDO FL 32803 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSD** ☐ Change Addition Delete TITLE TITLE ADAMS, N. LOIS NAME NAME 633 E COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition □ Change ☐ Delete TITLE TITLE MURRAY, LOUIS C. NAME NAME STREET ADDRESS 633 E COLONIAL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 add ess with all other like enhoowered. SIGNATURE: Daytime Phone # MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date





Home

HHCS HEALTH GROUP

633 East Colonial Dr. • Orlando, FL 32803 (407) 898-1947 • 1-800-741-4427 • FAX (407) 898-2903 http://www.hhcs.com

June 28, 2000

Department of Corporations State of Florida Po Box 1500 Tallahassee, FL 32302-1500

Re: HHCS Inc.; Late Filing

Dear Sirs:

The Uniform Business Report for the above cited corporation was mislaid, and, until today, could not be located to issue payment.

We regret the inconvenience, and render payment in the amount of \$150.00. If you require further response, please call.

Very truly yours,

HHCS HEALTH GROUP

HHCS Inc.

Meryl Biszick, BA, CPHM

Director, Administrative Services

encl.