

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25424

1. Entity Name

HHCS, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90396 036 ***150.00

00663318



DO NOT WRITE IN THIS SPACE

Principal Place of Business 639 E. COLONIAL DRIVE ORLANDO FL 32803	Mailing Address 639 E. COLONIAL DRIVE ORLANDO FL 32803-4602
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3135166	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEARLMAN, CRAIG S. ESQUIRE 940 HIGHLAND AVE ORLANDO FL 32803

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ADAMS, N. LOIS 633 E COLONIAL DR ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, LOUIS C. 633 E COLONIAL DR ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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] DATE: _____ DAYTIME PHONE #: _____

Attachment
D# 325427
DW 68318



Quality Care at
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.