

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27749

1. Entity Name

HEALTH FACILITY PUBLISHERS, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90315 033 \*\*\*158.75

Principal Place of Business

10991-55 SAN JOSE BLVD.

SUITE 100

JACKSONVILLE FL 32223

11721 VILLAGE LN  
JACKSONVILLE FL 32223

Mailing Address

11721 VILLAGE LN

JACKSONVILLE FL 32223

2. Principal Place of Business

PMB # 133

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10991-55 SAN JOSE BL.

City & State

JACKSONVILLE FL

City & State

4. FEI Number 59-3121563

Applied For

Not Applicable

Zip

Country

Zip

Country

32223

FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J. MICHAEL LINDELL  
233 E. BAY STREET, SUITE 620  
JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME DICKERMAN, KENNETH N.  
STREET ADDRESS 11721 VILLAGE LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME DICKERMAN, JUDITH H.  
STREET ADDRESS 11721 VILLAGE LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

Kenneth N. Dickerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH N. DICKERMAN  
PRESIDENT

3/31/01

904 262 7945

Date

Daytime Phone #

CR2E034 (10/00)