

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V39527

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: HEALTHCARE DEVELOPMENT ASSOCIATES INTERNATIONAL, INC.

Current Principal Place of Business:

5301 N. FEDERAL HWY
SUITE 210
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

5301 N. FEDERAL HWY
SUITE 210
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0336459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRONAWITTER, CECILIA L
5301 N FEDERAL HWY
210
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRONAWITTER, CECILIA
Address: 5301 N FEDERAL HWY STE 210
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: KRONAWITTER, JOHN
Address: 7155 NW 5TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: S (X) Delete
Name: RICHARDSON, KARA P
Address: 5301 N FEDERAL HWY STE 210
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RICHARDSON, KARA P
Address: 7155 NW 5TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARA P. RICHARDSON

VP

05/01/2002

Electronic Signature of Signing Officer or Director

Date