

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58790

1. Entity Name

HEALTHCARE USA, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90070 036 \*\*\*150.00

Principal Place of Business

Mailing Address

1200 RIVERPLACE BOULEVARD, SUITE 500  
JACKSONVILLE FL 32207  
US

1200 RIVERPLACE BOULEVARD, SUITE 500  
JACKSONVILLE FL 32207-1802  
US

2. Principal Place of Business

3. Mailing Address

6705 ROCKLEDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 900

City & State

BETHESDA MD

Zip

Country

20817

Country

USA

4. FEI Number 59-3138325

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, SHIRLEY R	
STREET ADDRESS	6705 ROCKLEDGE DRIVE, SUITE 900	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BJERRE, CLAUDIA	
STREET ADDRESS	100 SOUTH FOURTH STREET, SUITE 1100	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	DEMOVICK, HARVEY C JR.	
STREET ADDRESS	6705 ROCKLEDGE DRIVE, SUITE 900	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	MCDONOUGH, THOMAS P	
STREET ADDRESS	6705 ROCKLEDGE DRIVE, SUITE 900	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	WOLF, DALE B	
STREET ADDRESS	6705 ROCKLEDGE DRIVE, SUITE 900	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	DAVIS, GLEEN J	
STREET ADDRESS	100 SOUTH FOURTH STREET, SUITE 500	
CITY-ST-ZIP	ST. LOUIS MO 63102	

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000 301-581-0600

Date

Daytime Phone #

CR2E034 (9/99)