## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90238 013 \*\*\*150.00

DOCUMENT:	# D40040
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HEALTHCARE CONSULTANTS OF AMERICA, INC.

SUITE 207  (INCIDITATION SUITE	Principal Place	e of Business	Mai	iling Address				
August 64 30907 S S USUS S S USUS S S S S S S S S S S	1054 CLAUSSEN RD 1054 CLAUSSEN RD							
Applied For	Suite 307							DO NOT WRITE IN THIS SPACE
Springipal Place of Business   2x Mailing Address   2x Mailing Address   3x Mailing Address		10907	7.7			3. Date incorporated or Qualified		
2. Principal Place of Business   2a. Mailling Address   5. Ball Rag66731   Salt Applied For   Salt Salt Ap	us		US					
Suite, Apt. 6, etc.  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  Sepanda Picoprise, Trans. Fund Contribution  Added to Fees  Suite, Apt. 6, etc.  Country  Zp  Country  Zp  Country  Zp  Country  Sepanda Picoprise, Trans. Fund Contribution  9, Name and Address of Current Registared Agent  10, Name, and Address of New Registared Agent  10, Name, and Address of New Registared Agent  10, Name, and Address of New Registared Agent  11, Pursuant to the provisions of Sections 607, 5050, Florida Statutes, Breakers (F.O. Box Number is Not Acceptable)  12, Street Address (F.O. Box Number is Not Acceptable)  13, The composition submits the statement for the purpose of changing is registered agent, or the	2 Oringinal D	loca of Puriness	2a.	Mailing Address				
Suite, Apt. #, etc. 27 20 21 20 21 21 21 22 21 22 21 22 21 22 22 23 20 20 20 20 20 20 20 20 20 20 20 20 20	- Principal F	lace of Business	$\vdash$	Maining Address				
Scarling and Status	Suite Ant	# etc		Suite Apt # etc				
City & State  Ci	Suite, Apt.	w, 6tc.		cons, ripa ir, oto.				5 Cortifente of Status Desired
Added to Fees  Zip Country Zip Country	City & Stat			City & State		-		6 Flection Campaign Financing \$5.00 May Re
Zip Country Zip Country Zip Country 2 Zip Country 8. This carporation owes the current year Intendlets   No.    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   1200 SQUTH PINE ISLAND ROAD   82 Streat Address (P.O. Box Number is Not Acceptable)    1200 SQUTH PINE ISLAND ROAD   82 Streat Address (P.O. Box Number is Not Acceptable)   83 Streat Address (P.O. Box Number is Not Acceptable)   84 City FL   85 Zip Code   11. Number is Not Acceptable)   84 City FL   85 Zip Code   11. Number is Not Acceptable)   85 Zip Code   11. Number is Not Acceptable)   85 Zip Code   11. Number is Not Acceptable)   86 City FL   85 Zip Code   11. Number is Not Acceptable)   87 Zip Code   11. Number is Not Acceptable)   86 City FL   85 Zip Code   11. Number is Not Acceptable)   11.	<del></del>	•	$\vdash$	¬ ·				
Personal Property Tax		Country		Zin Country				
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 Section Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of Section 607.0509, Florida Statutes.  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of Section 67.0509, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. TREET ADDRESS  10. STREET		<u> </u>	<del>  -   -   -   -   -   -   -   -   -   -</del>		tn	•		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83	· <del>+</del> 1				<u>:×</u> L	Γ		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  133  134  135  135  136  137  137  138  138  138  138  138  138					_	81	Name	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  133  134  135  135  136  137  137  138  138  138  138  138  138	CT	CORPORATION SYSTEM						A Live (D.O. C. Marker in Mark Annahabla)
PLANTATION FL 33324    83						82	Street	Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, i am familiar with, and accept the abligations of, Section 607,0505, Florida Statutes.  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. TITLE  13. TITLE  14. TITLE  15. TABLESTADRESS  14. CITY.ST.2P  AUGUSTA GA 30907  14. CITY.ST.2P  14. CITY.ST.2P  14. CITY.ST.2P  14. CITY.ST.2P  15. TITLE  15.						83		
17. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, i am familiar with, and accept the abligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, hyperior printed name of implained agent and the if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZP  14. CITY-ST-ZP  14. CITY-ST-ZP  14. CITY-ST-ZP  14. CITY-ST-ZP  15. TABLES TADRESS  16. CLAUSSEN RD SUITE 307  14. CITY-ST-ZP  14. CITY-ST-ZP  15. NAME  15. NAME  16. Change Addition  17. NAME  17. NAME  18. NAME  18. NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. NAME  19.								
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607, 605, Florida Statutes.  SIGNATURE						84	City	EI 85 Zip Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607, 605, Florida Statutes.  SIGNATURE	44 5	4- 4	nnd 60	7 1500 Elosido Statutos	thoa	boye	named	corporation submits this statement for the purpose of changing its registered
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Signature, lipid or printed laren of Impolated agent and title I applicable. [NOTE: Registered Agent application incompared when reinstating). DAIL:    Time	agent. I a	m familiar with, and accept the obligation	ns of,	Section 607.0505, Flori	da Stati	utes.		
12. OFFICERS AND DIRECTORS	SIGNATURE		1 4 4 4 × 1	NOTE: 1	1-1-1-1-1	A	eloneturo e	DATE
TITLE    PTD	13			<del></del>		Agent	signature	
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					6.4 C	TY-57	- ZIP	ł

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3/23/99 (404)842-5600

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