

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 # P40649

1. Corporation Name

HEALTHCARE CONSULTANTS OF AMERICA, INC.

Principal Place of Business

1054 CLAUSSEN RD
SUITE 307
AUGUSTA GA 30907
US

Mailing Address

1054 CLAUSSEN RD
SUITE 307
AUGUSTA GA 30907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1992

4. FEI Number

58-1826731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85

Zip Code

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, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME LYLE, JAMES
STREET ADDRESS 1054 CLAUSSEN RD SUITE 307
CITY-ST-ZIP AUGUSTA GA 30907

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME TORRAS, HOYT
STREET ADDRESS 3525 PIEDMONT RD BLVD 8 SUITE 600
CITY-ST-ZIP ATLANTA GA 30305

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME GRAHAM, NANCY
STREET ADDRESS 1054 CLAUSSEN RD SUITE 307
CITY-ST-ZIP AUGUSTA GA 30305

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE C ☒ DELETE
NAME HOLLIS, CHARLES D JR M
STREET ADDRESS 3525 PIEDMONT RD BLDG 8 SUITE 600
CITY-ST-ZIP ATLANTA GA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MENENDEZ, JACK F MD
STREET ADDRESS 700 SPRING ST
CITY-ST-ZIP MACON GA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME VANDIVER, ROY W MD
STREET ADDRESS 2675 N DECATUR DR
CITY-ST-ZIP DECATUR GA

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Roy W. Vandiver, M.D.
6.3 STREET ADDRESS 5656 Bahia Mar Circle
6.4 CITY-ST-ZIP Stone Mountain, GA 30087

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:

Thomas A. Jones

3/13/99 (404) 842-5600

CR2E034 (11/98)