2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# 756562

Entity Name: HEALTH CENTRAL FOUNDATION, INC.

Current Principal Place of Business:

HEALTH CENTRAL
10000 W COLONIAL DR
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

10000 W COLONIAL DR
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 59-2091206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOULD, PAMELA
10000 W COLONIAL DR
OCOEE, FL 34761

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AHRENDT, PATRICIA
Address: 1556 SACKETT CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: SEC ( ) Delete
Name: FAZIO, JR., LOUIS
Address: 2381 BRIDGEWOOD TRAIL
City-St-Zip: ORLANDO, FL 32828

Title: PCD ( ) Delete
Name: RUSTIN-JUDD, CATHY
Address: 5130 ISLEWORTH COUNTRY CLUB DR
City-St-Zip: WINDERMERE, FL 34786

Title: CD ( ) Delete
Name: NEUMAYER, EILEEN
Address: 3709 POMPANO CT
City-St-Zip: GOTHA, FL 34734

Title: VCD ( ) Delete
Name: THADEN, MYRON
Address: 12256 PARK AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change ( ) Addition
Name: AHRENDT, PATRICIA
Address: 1556 SACKETT CIRCLE
City-St-Zip: ORLANDO, FL 32818

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

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

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

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

Title: PRES ( ) Change (X) Addition
Name: GOULD, PAMELA
Address: 2931SUNBITTERN CT
City-St-Zip: WINDERMERE, FL 34786

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA GOULD PRES 04/30/2003

Electronic Signature of Signing Officer or Director — Date