

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

06-23-2002 90505 010 \*\*\*\*50.00

**DOCUMENT # L01000004185**

1. Entity Name  
**ASGARDHEALTH, LLC**

Principal Place of Business

**431 SEABREEZE AVE.  
 PALM BEACH FL 33480**

Mailing Address

**431 SEABREEZE AVE.  
 PALM BEACH FL 33480**

**969241**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-1152167**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANGELL CORPORATE SERVICES, INC.  
 ONE NORTH CLEMATIS STREET  
 SUITE 400  
 WEST PALM BEACH FL 33401-0000**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BRADFORD S. LOWELL	431 Seabreeze Avenue	Palm Beach, FL 33480	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	BRADFORD S. LOWELL	431 Seabreeze Ave	Palm Beach, FL 33480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

6/10/02

561/ 833-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)