

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90173 024 ****61.25

DOCUMENT # N94000004281

1. Entity Name
AYSTAR LIFE CENTER, INC.

Principal Place of Business 226 6TH ST S ST PETERSBURG FL 33701	Mailing Address 226 6TH ST S ST PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0523539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FINITO, ROSE MARIE SR
 226 6TH ST S
 ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VENEZIA, MARY	
STREET ADDRESS	1235 CORDOVA BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	#D	<input type="checkbox"/> Delete
NAME	MCMANUS, RICHARD	
STREET ADDRESS	6132 LEELAND ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHOEN, WILLIAM	
STREET ADDRESS	7642 17TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMPEL, RAYMOND	
STREET ADDRESS	12205 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN GALIGER	
STREET ADDRESS	6397 CAPE HATTERAS WAY NE	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OZ SCOGNA	
STREET ADDRESS	5301 12TH AVE S.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33707	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM O'HALLORAN	
STREET ADDRESS	3357 38TH ST. S. UNIT B	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH BOLAND	
STREET ADDRESS	1041 YACHT CLUB DR.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33706	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST KILLAU	
STREET ADDRESS	2366 7TH AVE S.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FR. BERNARDINE SMITH, TOR	
STREET ADDRESS	515 4TH STS.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33701	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JOHN GALIGER* **JOHN GALIGER** 1/25/02 526-0754
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)