

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 19 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00 000008014
1. Entity Name
Revita Health Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
44 Southfield Rd
Suite, Apt. #, etc.

3. Mailing Address
440 Dalhousie
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
E. CARSE, MI

City & State
Amherstburg, ONTARIO

Zip
48229

Country
USA

Zip
N9V 1X3

Country
CANADA

4. FEI Number
38-3584207

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
PLANTATION FL Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President / Director
Steve Linvch
440 Dalhousie
Amherstburg, Ontario, Canada
NAVIX3

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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600005482386-3
-05/07/02--01094--009
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary / Director
Eli Eilon
440 Dalhousie
Amherstburg, Ontario, Canada
NAVIX3

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/11/02 Daytime Phone: 519-736-7856

STEVE LINVCH
President / Director

or 4/26/02

CR2E034E (12/01)