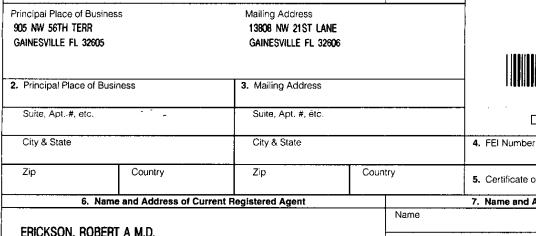
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90429 033 ***150 00

FILED

Entity Name	P00000013293	
HE PREVENTATIVE INC.	MEDICINE CENTER OF GAINESVILLE,	
rincipal Place of Business	Mailing Address	



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☐ CHECK HERE IF MAKING CHANGES Applied For

59-3627886 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent

ERICKSON, ROBERT A M.D. 13808 NW 21ST LANE **GAINESVILLE FL 32606**

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

Zip Code City

٠	In above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.	I am familiar with, and accep
	the obligations of registered agent.	

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

Make Chec	k Payable to Florida Department of State				Trust Fund Contribution.	⊔ Added	I to Fees
10. OFFICERS AND DIRECTORS			11.	ADI	DITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, ROBERT A M.D. 13808 NW 21ST LANE GAINESVILLE FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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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 607, 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #