

FILED
Jun 30, 2003 8:00 am
Secretary of State

05-19-2003 90212 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000012835			
1. Entity Name BEST HEALTH, INC.			
Principal Place of Business 6830 VIA REGINA BOCA RATON, FL 33433		Mailing Address 6830 VIA REGINA BOCA RATON, FL 33433	
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 36-44-88591		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, MARK 1772 E. TRAFALGAR CIR. HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name MAUREEN HOGAN Street Address (P.O. Box Number is best Acceptable) 6830 Via Regina City Boca Raton FL Zip Code 33433	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when returning) DATE			
FILE NOW WITH FEES: \$150.00 JUNE MAY 2003 FEE WILL BE \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Bilburt 07306 3163 Kennedy Blvd, Jersey City, NJ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec MAUREEN HOGAN 6830 Via Regina, Boca Raton, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

55050250

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)