

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90046 014 \*\*\*150.00

UUS33333 AV

**DOCUMENT # P97000100101**

1. Entity Name  
**CENTER FOR NATURAL HEALTH, INC.**

Principal Place of Business      Mailing Address  
**1525 SAN MARCO BLVD.**      **P. O. BOX 16952**  
**JACKSONVILLE FL 32207**      **JACKSONVILLE FL 32245-6952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3484618**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HOPKINS, ELIZABETH E~~  
~~1525 SAN MARCO BLVD.~~  
~~JACKSONVILLE FL 32207~~

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 \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTSD	HOPKINS, ELIZABETH E	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	813 OLD HICKORY RD.		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
VD	TERRY, JAY ANTHONY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	813 OLD HICKORY RD.		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]      Date: 4-29-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/01)