MAR-14-2001 11:04

02-19-2001 90018 019 ***150.00
P99000073615

001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 FEB 19 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073615

Entity Name
TECHHEALTH, INC.

Principal Place of Business / Mailing Address
800 Grand Oak Circle, Suite 500
Tampa, FL 33637

2. Principal Place of Business		3. Mailing Address	
800 Grand Oak Circle		8800 Grand Oak Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 500		Suite 500	
City & State		City & State	
Tampa, FL		Tampa, FL	
Zip	Country	Zip	Country
3637	USA	33637	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3597243 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Charles M. Harris, Esq.
101 E. Kennedy Blvd., Suite 2700
Tampa, FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 3/20/01 DATE

This corporation is eligible to certify its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
9. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Delete	11. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE (Director) NAME Peter D. Kiernan, III STREET ADDRESS 420 Round Hill Road CITY-ST-ZIP Greenwich, CT 06831			
TITLE (Director) NAME Leonard Kleinrock STREET ADDRESS 318 Rockingham Avenue CITY-ST-ZIP Los Angeles, CA 90049			
TITLE (Director) NAME Christopher Reeve STREET ADDRESS 11 Great Hill Farms Road CITY-ST-ZIP Bedford, NY 10506			
TITLE (CFO) NAME Richard Powell STREET ADDRESS 8800 Grand Oak Circle Suite 500 CITY-ST-ZIP Tampa FL 33637			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

CR2E084 (11/00)

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: Thomas R. Sweet THOMAS R. SWEET 2-1-01 813-248-3788
SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR — Date — Daytime Phone #

2/21/01

4/3