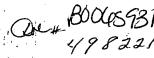
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

FILED Sep 19, 2001 8:00 am Secretary of State 498221 1. Entity Name 09-19-2001 90160 020 ***550.00 H.E.A.L.TH., INC. Principal Place of Business Mailing Address 5533 LA GORCE DR 5533 LA GORCE DR MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1656221 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAIZLER, KAAREN S Street Address (P.O. Box Number is Not Acceptable) 5533 LA GORCE DRIVE "MIAMI BEACH FL 33140 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE MAIZLER, KAAREN S. NAME NAME STREET ADDRESS 5533 LAGORCE DRIVE STREET ADDRESS **CR2E034** CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue 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 employeered 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 all addless, with all others like empowered.





H.E.A.C.th. inc.

HEACTH & EDUCATION THRU ARTS & CEISURE THERAPY

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500 Kaaren S. Maizler President

September 17, 2001

To whom it may concern:

Due to the 9/11/01 tragedy, my document and payment did not go out in the mail. I had sent it from my place of work and when I came in today (9/17/01) the envelope was still in our mail center as the mail has not been picked up. I was absent from work last week and only found out today and am most concerned as I am a small company and am reeling from a theft of my checks in which my bank account was emptied of funds. I am still in the process of trying to recover and an additional fee would destroy my company (since 1976).

Please take these unforseen and extreme factors into consideration and if you want any supporting documents to support what I'm saying, I'll be glad to supply them. You can reach me at (305)866-7103 or (305)318-6108.

Thank you for your consideration.

Most sincerely,

Kaaren S. Maizler, BSRT, LMT

President, H.E.A.L.th. inc.

FEI# 59-1656221