

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 501442

1. Entity Name

Healthboard International, Inc



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 N. Washington St.

Suite, Apt. #, etc.

3. Mailing Address

255 N. Washington St.

Suite, Apt. #, etc.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

City & State

Rockville, MD

City & State

Rockville, MD

4. FEI Number

59-1692437

Applied For

Not Applicable

Zip

20850

Country

USA

Zip

20850

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation

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

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME Philander P. Clayton
STREET ADDRESS 255 N. Washington St.
CITY-ST-ZIP Rockville, MD 20850

TITLE ✓
NAME Bill Wells
STREET ADDRESS 255 N. Washington St.
CITY-ST-ZIP Rockville, MD 20850

TITLE D
NAME Isabelle Clayton
STREET ADDRESS 255 N. Washington St.
CITY-ST-ZIP Rockville, MD 20850

TITLE VD
NAME Tara McCoy
STREET ADDRESS 255 N. Washington St.
CITY-ST-ZIP Rockville, MD 20850

TITLE D
NAME James Weinbach
STREET ADDRESS 255 N. Washington St.
CITY-ST-ZIP Rockville, MD 20850

TITLE D
NAME Stephen Weinbach
STREET ADDRESS 255 N. Washington St.
CITY-ST-ZIP Rockville, MD 20850

TITLE
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CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill Wells

10/6/03

301.279.7380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED04B (12/02)

10/16