

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506168

1. Entity Name

HEALTH WAY, INCORPORATED

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90027 017 ***150.00

Principal Place of Business

2200 MIRACLE PLAZA
VERO BCH FL 32960

Mailing Address

2200 MIRACLE PLAZA
VERO BCH FL 32960

new address 5/1/00

2. Principal Place of Business

646-21st ST MIRACLE PLAZA

3. Mailing Address

646-21st ST MIRACLE PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

59-1685465

Applied For

Not Applicable

Zip

32960

Country

Zip

32960

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, DONALD E
1880 S HWY A1A
VERO BCH FL 32963

7. Name and Address of New Registered Agent

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.

DONALD E. WALKER, AGENT

(NOTE: Registered Agent signature required when reinstating)

3/16/00

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, 2000 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

TITLE PD
NAME WALKER, DONALD E.
STREET ADDRESS 1880 S HWY A1A
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE S
NAME WALKER, KATHY M
STREET ADDRESS 2085-55TH AVE
CITY-ST-ZIP VERO BEACH FL 32966 ☐ Delete

TITLE VP
NAME WALKER, GREGORY
STREET ADDRESS 2085-55TH AVE
CITY-ST-ZIP VERO BCH FL 32966 ☐ Delete

TITLE T
NAME DEMARIS C WALKER
STREET ADDRESS 1880 S. HWY A-1-A
CITY-ST-ZIP VERO BEACH, FL 32963 ☐ Delete
ON 1999

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1959 SIXTH AVE S.E.
CITY-ST-ZIP VERO BEACH, FL 32962 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1959 SIXTH AVE S.E.
CITY-ST-ZIP VERO BEACH, FL 32962 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Demaris C. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/00 (561) 231-4777

Daytime Phone #