

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90491 005 \*\*\*150.00

**DOCUMENT # 506168**

1. Entity Name

**HEALTH WAY, INCORPORATED**

Principal Place of Business

**646 21ST ST MIRACLE PLAZA  
VERO BCH FL 32960**

Mailing Address

**646 21ST ST MIRACLE PLAZA  
VERO BCH FL 32960**

2. Principal Place of Business

**1959 SIXTH AVE S.E.**

Suite, Apt. #, etc.

3. Mailing Address

**1959 SIXTH AVE S.E.**

Suite, Apt. #, etc.

City & State

**VERO BEACH FL**

Zip

**32962**

Country

City & State

**VERO BEACH FL**

Zip

**32962**

Country

4. FEI Number

**59-1685465**

Applied For

Not Applicable

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**

Name

**GREGORY WALKER**

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

**1959 SIXTH AVE S.E.**

City

**VERO BEACH**

**FL**

Zip Code

**32962**

7. Name and Address of New Registered Agent

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

*Gregory Walker*

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

(NOTE: Registered Agent signature required when reinstating)

**3/5/01**

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, 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**

11. OFFICERS AND DIRECTORS

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

TITLE **S** ☒ Delete  
NAME **WALKER, KATHY M**  
STREET ADDRESS **1959 SIXTH AVE SE**  
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **VP** ☒ Delete  
NAME **WALKER, GREGORY**  
STREET ADDRESS **1959 SIXTH AVE SE**  
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **T** ☒ Delete  
NAME **WALKER, DEMARIS C**  
STREET ADDRESS **1880 S HWY A1A**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Gregory Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GREGORY WALKER**

Date

**3/5/01 (561) 569-5663**

Daytime Phone #

CR2E034 (10/00)

UBR14852