

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001297

1. Entity Name
SIMPLE CONDUCT, LTD.

Principal Place of Business
C/O RANDY C. GOLDEN LAW OFFICES
100 NORTH BISCAYNE BLVD., SUITE 2100
MIAMI FL 33132

Mailing Address
P.O. BOX 143
EARLETON FL 32631-0143

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 22 PM 1:09



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDEN, RANDY C
100 NORTH BISCAYNE BLVD., SUITE 2100
MIAMI FL 33132

Changed →

Name Phillip S. Tepperberg, D.C.

Street Address P.O. Box Number is Not Applicable
3141 N.W. 13th Street

City Gainesville

FL

Zip Code 32609

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 *Phillip S. Tepperberg, D.C.*

4-17-00

DATE

9. Capital Contributions as Shown on record.

\$450,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000068821
NAME AWARE-HEALTH ENTERPRISES, INC.
STREET ADDRESS 21209 N.E. 113TH AVE.
CITY - ST - ZIP EARLETON FL 32631

STREET ADDRESS

CITY - ST - ZIP

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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(352) 468-3493

4-17-00 (352) 372-2468