

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90015 007 ***150.00

DOCUMENT # F000000002565 ✓

1. Entity Name
"PHYWELL, INC." name Δ +
 Healthscreen International, Inc.

Principal Place of Business Mailing Address
4555 EMERSON EXPY 4237 Salisbury Rd. **4555 EMERSON EXPY** see change
SUITE 200 Bldg 2, Ste 200 **SUITE 200** at left
JACKSONVILLE FL 32207 32216 **JACKSONVILLE FL 32207**
US **US**

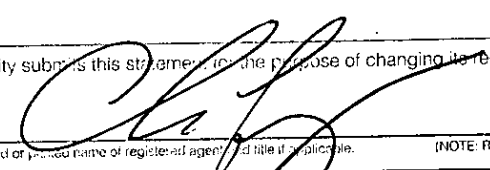
2. Principal Place of Business 3. Mailing Address
4237 Salisbury Road **4237 Salisbury Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Building 2, Suite 200 **Building 2, Suite 200**
 City & State City & State
Jacksonville, FL **Jacksonville, FL**
 Zip Country Zip Country
32216 **US** **32216** **US**

4. FEI Number **59-3456792** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FEY, CHRISTOPHER T
4555 EMERSON EXPY See above change
SUITE 200
JACKSONVILLE FL 32207

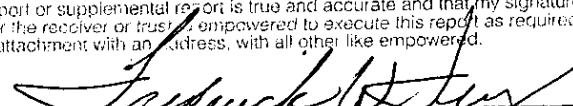
7. Name and Address of New Registered Agent
 --Name--
 Street Address (P.O. Box Number is Not Acceptable)
4237 Salisbury Road
Building 2, Suite 200
 City **Jacksonville** **FL** Zip Code **32216**

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  DATE _____
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	☐ Delete		TITLE		☒ Change	☐ Addition
NAME	FEY, CHRISTOPHER T			NAME			
STREET ADDRESS	4555 EMERSON EXPY STE 200			STREET ADDRESS	4237 Salisbury Road, Bldg 2, Suite 200		
CITY-ST-ZIP	JACKSONVILLE FL 32207			CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	PSTD	☐ Delete		TITLE		☒ Change	☐ Addition
NAME	FEY, FREDRICK W			NAME			
STREET ADDRESS	4555 EMERSON EXPY STE 200			STREET ADDRESS	4237 Salisbury Road, Bldg 2, Suite 200		
CITY-ST-ZIP	JACKSONVILLE FL 32207			CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE		☐ Delete		TITLE		☐ 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			
TITLE		☐ Delete		TITLE		☐ 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)(b), 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:  DATE _____ DAYTONS PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORIGINAL