2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90015 007 ***150.00

DOCUMENT # F00000002565

1. Entity Name
~~PHYWELL, INC.~~ name Δ to
Healthscreen International, Inc.

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

AUUTUU44

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4237 Salisbury Road	4237 Salisbury Road
Suite, Apt. #, etc.: Building 2, Suite 200	Suite, Apt. #, etc.: Building 2, Suite 200
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32216 Country: US	Zip: 32216 Country: 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~~
~~SUITE 200~~
JACKSONVILLE FL ~~32207~~
See above change

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 reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FEY, CHRISTOPHER T 4555 EMERSON EXPWY STE 200 JACKSONVILLE FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4237 Salisbury Road, Bldg 2, Suite 200 Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD FEY, FREDRICK W 4555 EMERSON EXPWY STE 200 JACKSONVILLE FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4237 Salisbury Road, Bldg 2, Suite 200 Jacksonville, FL 32216
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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: ______________ Date ______ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORIGINAL