## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # F0100003635  1. Entity Name EHA CONSULTING GROUP, INC.  |  |                     |   |  |  | FILED  03 SEP 18 AH II: 05     |   |            |                                  |  |
|--|--|---------------------|---|--|--|--------------------------------|---|------------|----------------------------------|--|
| 5994 NEWPOR  | e of Business<br>RT VILLAGE WAY<br>I FL 33463-7351   | 5994                | Mailing Address 5994 NEWPORT VILLAGE WAY LAKE WORTH FL 33463-7351 |  |  | TALLAHASSEE, FLORIDA           |   |            |                                  |  |
| 2. Principal P   | Place of Business  | 3. Mail             | ing Address   |  |  |                                | I (BAIRBO IRIN BAINE IINNE NOIRI NAFIN NAIN                                       |            |                                  |  |
| Suite, Apt.  | #, etc.  | Suite               | Suite, Apt. #, etc.   |  |  | ☐ CHECK HERE IF MAKING CHANGES |   |            |                                  |  |
| City & Stat  | e  | City                | & State   |  |  | 4. FE                          | Number <b>52-1208153</b>  |            |                                  | plied For<br>Applicable                      |
| Zip  | Country  | Zip                 |   | Country  |  | <b>5.</b> Ce                   | ertificate of Status Desired  |            | 5 Addi                           | itional                                      |
|  | 6. Name and Address of Curren  | t Registere         | d Agent   | ·-·  | •  | 7. Na                          | me and Address of New Regist  | ered Agent |                                  |  |
|  |  |                     |   | 1  | Name   |                                |   |            |                                  |  |
| KRAMER, MELVIN N<br>5994 NEWPORT VILLAGE WAY   |  |                     |   |  | Street Address (P.O. Box Number is Not Acceptable)     |                                |   |            |                                  |  |
| LAKE WO  | RTH FL 33463   |                     |   |  |  |                                |   |            |                                  | •  |
|  |  |                     |   | (  | Dity   |                                |   | FL Z       | ip Code                          | ,  |
| SIGNATURE .  | tions of registered agent.  Signature, typed or printed name of registered ager  | a and side is a sea |   |  |  |                                |   |            |                                  |  |
| F  | ILE NOW!!! FEE IS \$550.00   | t and title ir app  | licable. (NOTE  | Registered Ag  | ent signature required                                 | d when reins                   |   | DATE       | ¢E 0/                            |  |
| After Se   |  | 0.00                | licable. (NOTE  | E: Registered Ag   | ent signature require                                  | d when reins                   | 9. Election Campaign Financir Trust Fund Contribution.                            |            |                                  | May Be to Fees                               |
| After Se<br>Make Check   | FILE NOW!!! FEE IS \$550.00<br>ptember 10, 2003 Fee will be \$75<br>k Payable to Florida Department of<br>OFFICERS AND                                     | 0.00<br>of State    | RS  | E: Registered Ag   | ent signature required                                 |                                | 9. Election Campaign Financin   | ng 🔲       | Added                            | to Fees                                      |
| After Sel<br>Make Check<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS  | ILE NOW!!! FEE IS \$550.00<br>ptember 10, 2003 Fee will be \$75<br>k Payable to Florida Department   | 0.00<br>of State    |   |  | DDRESS   | ADD                            | Election Campaign Financir     Trust Fund Contribution.                           | S AND DIRE | Added<br>CTORS<br>Change         | to Fees IN 11  Addition                      |
| After Sej<br>Make Check<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  | TILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 k Payable to Florida Department of OFFICERS AND CP KRAMER, MELVIN N 5994 NEWPORT VILLAGE WAY | 0.00<br>of State    | RS  | 11. TITLE NAME STREET A  | DDRESS ZIP   | ADD                            | Election Campaign Financir<br>Trust Fund Contribution.  ITIONS/CHANGES TO OFFICER | S AND DIRE | Added<br>CTORS<br>Change         | to Fees IN 11  Addition                      |
| After Se<br>Make Check<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | TILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 k Payable to Florida Department of OFFICERS AND CP KRAMER, MELVIN N 5994 NEWPORT VILLAGE WAY | 0.00<br>of State    | RS Delete   | 11. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A   | DDRESS ZIP  DDRESS ZIP  DDRESS                         | ADD                            | Election Campaign Financir<br>Trust Fund Contribution.  ITIONS/CHANGES TO OFFICER | S AND DIRE | Added CTORS Change               | to Fees SIN 11 Addition                      |
| After Se   | TILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 k Payable to Florida Department of OFFICERS AND CP KRAMER, MELVIN N 5994 NEWPORT VILLAGE WAY | 0.00<br>of State    | RS Delete   | 11. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A                              | DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS ZIP         | ADD                            | Election Campaign Financir<br>Trust Fund Contribution.  ITIONS/CHANGES TO OFFICER | S AND DIRE | Added<br>CTORS<br>Change         | to Fees  IN 11 Addition  Addition            |
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SIGNATURE:

of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all that like empowered.

SIGNATURE:

SIGNATURE PECILIPED SIGNATURE AND TYPED OR PRINCED HAME OF SIGNING OFFICER OR DIRECTOR

561-965-0250



Environmental Health Associates • EpiHealth Associates • FDA Associates

## VIA FEDERAL EXPRESS

September 17, 2003

Mr. Sean Toner
Division of Corporations
State of Florida
Department of State
409 East Gaines Street
Tallahassee, FL 32399

RE: 2003 For Profit Corporation Uniform Business Report

Dear Mr. Toner:

Per our conversation of this date, enclosed please find the 2003 For Profit Corporation Uniform Business Report, as well as our corporate check for \$150.00. It is our information and belief—and that of our accounting firm—that this was submitted earlier in the year.

Upon receiving the Revised Notice Request, I did not pay attention to it, since I believed that the matter had been addressed, and it must have simply crossed in the mail. However, upon calling your office (which was not an easy feat), I learned that it had never been received. It was clearly our intention for you to receive this with payment within the statutorily prescribed timeframe, but obviously it must have gotten lost in the mail.

I appreciate your consideration of the aforementioned circumstances in waiving any penalties and late fees. If you have any questions, please do not hesitate to contact me.

Very truly yours,

Melvin N. Kramer, Ph.D., M.P.H.

President

MNK/ab

Enclosures: Check #15395

2003 For Profit Corporation Uniform Business Report

Baltimore/Washington • Delaware Valley • New York Metro • South Florida