


**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90068 027 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *F02000004207*  
 1. Entity Name  
 SMARTER HEALTH CORPORATION



**DO NOT WRITE IN THIS SPACE**

**70033374**

2. Principal Place of Business  
 9048 SPINDLETREE WAY  
 Suite, Apt #, etc

3. Mailing Address  
 9048 SPINDLETREE WAY  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 JACKSONVILLE, FL

City & State  
 JACKSONVILLE

4. FEI Number 22-3859191

Applied For  
 Not Applicable

Zip 32256 Country USA

Zip FL Country 32256

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

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALLEN L. WEBER

Street Address (P.O. Box Number is Not Acceptable)  
 9048 SPINDLETREE WAY

City JACKSONVILLE FL Zip Code 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Allen L. Weber DATE 3/27/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT - JUN TANG 9048 SPINDLETREE WAY JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/SEC. ALLEN L. WEBER 9048 SPINDLETREE WAY JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Allen L. Weber DATE 3/27/03 SYSTEM PHONE # 904.519.0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #