

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001975**

1. Entity Name

HEALTHMATE OF FLORIDA, INC.**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90358 028 ***150.00

816373

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6750 FRANCE AVE. SOUTH. SUITE 275 EDINA MN 55435	Mailing Address 6750 FRANCE AVE. SOUTH. SUITE 275 EDINA MN 55435
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2. Principal Place of Business 6600 France Ave. S. Suite, Apt. #, etc. Suite 510	3. Mailing Address 6600 France Ave. S. Suite, Apt. #, etc. Suite 510
City & State Edina, MN	City & State Edina, MN
Zip 55435	Country USA

4. FEI Number 41-1946900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSC GARAMELLA, TODD J 6750 FRANTE AVE S STE 275 EDINA MN 55435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VON ARX, GREG 6750 FRANTE AVE S STE 275 EDINA MN 55435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 France Ave. S., Suite 510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 France Ave. S., Suite 510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
Todd J. Garamella, President
2/14/01 (952) 285-7300
DATE DAYTIME PHONE #

CR2E034 (10/00)

HENRETTA, CROSS, NESS & DOLAN

ATTORNEYS AT LAW

9800 BREN ROAD EAST • SUITE 250

MINNETONKA, MINNESOTA 55343-9671

Thomas F. Cross, Jr.
Steven E. Ness
Lisa Montague Ingalls
Kathleen A. Brehl

Of Counsel:
William H. Dolan

Robert L. Henretta (1918-1989)

TELEPHONE (952) 945-0909
FAX (952) 945-0991
EMAIL firm@hcnd.com
www.hcnd.com

March 1, 2001

Florida Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

F9900000198

Re: Intrepid of Florida, Inc. Uniform Business Report
(Our File No. 5253.126)

Dear Madam/Sir:

This office represents Intrepid of Florida, Inc. d/b/a HealthMate of Florida, Inc.

Enclosed please find the Uniform Business Report on behalf of our client, accompanied by a check for \$150.00.

If you have any questions, please do not hesitate to contact this office.

Very truly yours,


Kathleen A. Brehl

Enclosures

cc: Mr. Todd J. Garamella