

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000004743**

1. Entity Name

PERFORMANCE HEALTH, INC.

Principal Place of Business

1017 BOYD ROAD
SUITE 100
EXPORT PA 15632

Mailing Address

1017 BOYD ROAD
SUITE 100
EXPORT PA 15632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1686397**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ISENBERG, PERRY
1303 N STATE ROAD 7
STE B-6
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name

ISENBERG, PERRY

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

1303 N STATE ROAD 7**SUITE #6 2ND FLOOR**

City

MARGATE**FL**Zip Code
33063

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) ☒**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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ISENBERG, PERRY**
CITY-ST-ZIP **5055 NW 96TH WAY
POMPANO BEACH FL 33076**TITLE ☐ Delete
NAME **V**
STREET ADDRESS **COX, CHRISTOPHER**
CITY-ST-ZIP **137 WHITETAIL DR
HARRISON CITY PA 15636**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **COX, CRAIG**
CITY-ST-ZIP **BOX 309
DELMONT, PA 15626**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90052 006 ***150.00

00038095



DO NOT WRITE IN THIS SPACE

15/3658

CR2E034 (10/00)