2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90025 001 ***150.00

DOCUMENT # G29796

1. Entity Name
PINELLAS HEALTH AGENCY, INC.

Principal Place of Business	Mailing Address
% PETER D. WALLACE 2348 SUNSET POINT RD. SUITE A CLEARWATER FL 33765	% PETER D. WALLACE 2348 SUNSET POINT RD. SUITE A CLEARWATER FL 33765

UUUUGLUU

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 GULF BLVD	P.O. BOX 1200
Suite, Apt. #, etc. # 205-A	Suite, Apt. #, etc.
City & State BELLEAIR BEACH, FL.	City & State INDIAN ROCKS BEACH, FL
Zip 33786 Country PINELLAS	Zip 33785 Country PINELLAS

4. FEI Number 59-2267116 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, PETER D.
2348 SUNSET POINT RD. SUITE A
CLEARWATER FL 34625

7. Name and Address of New Registered Agent

Name PETER D. WALLACE
Street Address (P.O. Box Number is Not Acceptable) 2500 GULF BLVD
APT # 205-A
City BELLEAIR BEACH FL Zip Code 33786

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	PD WALLACE, PETER D. 2348 SUNSET POINT RD, #A CLEARWATER FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRES~~ PD WALLACE, PETER D 2500 GULF BLVD UNIT # 205-A BELLEAIR BEACH, FL 33786 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V.P.~~ ~~WAL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.T.S. WALLACE, MARIE L 2500 GULF BLVD UNIT # 205-A BELLEAIR BEACH, FL. 33786 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Peter D. Wallace – PETER D. WALLACE – PRES 1/5/01 727-797-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)