

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G35128

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

Entity Name: NATIONAL HEALTH AGENCY, INC.

## Current Principal Place of Business:

5144 CENTRAL AVE  
ST. PETERSBURG, FL 33707 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 41000  
ST. PETERSBURG, FL 33743

## New Mailing Address:

FEI Number: 59-2308853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALONEY, JOHN L  
3862 CENTRAL AVE  
SAINT PETERSBURG, FL 33711 US

## Name and Address of New Registered Agent:

MALONEY, JOHN L ESQ  
3862 CENTRAL AVE  
SAINT PETERSBURG, FL 33711 US

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: JOHN L MALONEY, ESQ.

04/11/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: FRANKLIN, MATTHEW T  
Address: 1713 ADAMS ST  
City-St-Zip: SAINT HELENA, CA 94574

Title: ASD ( ) Delete  
Name: FRANKLIN, JANA  
Address: 18201 GULF BLVD., UNIT 406  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: CPTS ( ) Delete  
Name: FRANKLIN, LARRY A  
Address: 18201 GULF BLVD. UNIT 406  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: D ( ) Delete  
Name: FRANKLIN, LARRY A  
Address: 18201 GULF BLVD UNIT 406  
City-St-Zip: REDINGTON SHORES, FL 33708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: FRANKLIN, MATTHEW T  
Address: 1924 2ND STREET  
City-St-Zip: NAPA, CA 94559

Title: ASD (X) Change ( ) Addition  
Name: FRANKLIN, JANA L  
Address: 18201 GULF BLVD., UNIT 406  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY A. FRANKLIN

PRES

04/11/2002

Electronic Signature of Signing Officer or Director

Date