

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90058 026 \*\*\*150.00

**DOCUMENT # H92596**

1. Entity Name

**IT'S YOUR HEALTH, INCORPORATED**

Principal Place of Business

Mailing Address

**100 SE 15TH AVE  
FT LAUDERDALE FL 33301  
US****784 SW 119TH WAY  
DAVIE FL 33325  
US**

2. Principal Place of Business

**784 S.W. 119th Way**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Davie, FL**

City &amp; State

4. FEI Number

**59-2650479**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33325****U.S.A.**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCISCO, MARTA CASTILLO  
784 S.W. 119TH WAY  
DAVIE FL 33325**

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) ☐**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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD FRANCISCO, MARTA C. 784 S.W. 119TH WAY DAVIE FL	<input type="checkbox"/>		
D FRANCISCO, PETE C. 784 S.W. 119TH WAY DAVIE FL	<input type="checkbox"/>		
D CASTILLO, CECILIA 784 S.W. 119TH WAY DAVIE FL	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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 #

**Marta C. Francisco MARTA C. FRANCISCO 04-25-01 (954) 463-4440**

CR2E034 (10/00)