

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90227 048 ***150.00

DOCUMENT # J13259

1. Entity Name
HEALTH LEDGER SERVICES, INC.



Principal Place of Business

**2745 REBECCA LN
STE C
ORANGE CITY FL 32763
US**

Mailing Address

**2745 REBECCA LN
STE C
ORANGE CITY FL 32763
US**

2. Principal Place of Business

2745 REBECCA LANE

Suite, Apt. #, etc.

SUITE C

City & State

ORANGE CITY FL

Zip

32763

Country

FLORIDA

3. Mailing Address

2745 REBECCA LANE

Suite, Apt. #, etc.

SUITE C

City & State

ORANGE CITY FL

Zip

32763

Country

FLORIDA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2678593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DRYSDALE, SONJA P.

2745 REBECCA LN

STE C

**PT. ORANGE FL 32127 ORANGE CITY FLORIDA
32763**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DRYSDALE, SONJA P.
842 STONYBROOK CIR.
PORT ORANGE FL 32127**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DRYSDALE, SONJA P.
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PORT ORANGE FL 32127**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SONJA P. DRYSDALE

01/16/03 386-774-5211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)