

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J75727

1. Entity Name

MULTI-HEALTH CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90056 049 ***150.00

AVU46957



DO NOT WRITE IN THIS SPACE

Principal Place of Business 168 MAIN STREET S. AMBOY NJ 08879 US	Mailing Address ATTN: TAX DEPT PO DRAWER F SCOTTSDALE AZ 85252-3000
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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 59-2814574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete FURMAN, JOHN 8401 E. INDIAN SCHOOL RD. SCOTTSDALE AZ 85251	TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACK E. FURMAN 8401 E. INDIAN SCHOOL RD. SCOTTSDALE, AZ 85251
TITLE AS	<input type="checkbox"/> Delete STEVENS, DAVID 8401 E. INDIAN SCHOOL RD. SCOTTSDALE AZ 85251	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	<input checked="" type="checkbox"/> Delete LIEBNER, MARK E 8401 E. INDIAN SCHOOL RD. SCOTTSDALE AZ 85251	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEAN P HOFFMAN 8401 E. INDIAN SCHOOL RD. SCOTTSDALE, AZ 85251
TITLE S	<input checked="" type="checkbox"/> Delete LEE, STEVEN M 8401 E. INDIAN SCHOOL RD. SCOTTSDALE AZ 85251	TITLE SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN S BANAS 8401 E. INDIAN SCHOOL RD. SCOTTSDALE, AZ 85251
TITLE T	<input checked="" type="checkbox"/> Delete CROWELL, WILLIAM R 8401 E. INDIAN SCHOOL RD. SCOTTSDALE AZ 85251	TITLE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEAN P. HOFFMAN 8401 E. INDIAN SCHOOL RD. SCOTTSDALE, AZ 85251
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **David E. Stevens, Asst. Sec.** *David E. Stevens* 4/10/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #