

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90019 001 *****50.00

DOCUMENT # L01000015143

1. Entity Name

H W HEALTH FINDERS, LLC

Principal Place of Business

**4450 TITLEIST DRIVE
 FERNANDINA BEACH FL**

Mailing Address

**4450 TITLEIST DRIVE, SUITE 200
 AMELIA ISLAND FL**

907950

2. Principal Place of Business

4450 Titleist Drive

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

4450 Titleist Drive

Suite, Apt. #, etc.

Suite 200

City & State

Fernandina Beach

City & State

Fernandina Beach

Zip

32034

Country

USA

Zip

32034

Country

USA

4. FEI Number

59-3741850

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WHREN, ROBERT J-
 4450 TITLEIST DRIVE
 AMELIA ISLAND FL 32034**

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.

SIGNATURE

Robert J. Whren

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM WHREN, ROBERT J** ☐ Delete
 STREET ADDRESS **4450 TITLEIST DRIVE**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE NAME **MGRM HACKLEY, BRUCE** ☐ Delete
 STREET ADDRESS **215 PEACHTREE ST.**
 CITY-ST-ZIP **ST. SIMONS ISLAND GA 31522**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert J. Whren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/14/02

Daytime Phone #

CR2E083 (9/01)