

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016444

1. Entity Name

BOYNTON HEALTH & WELLNESS, LLC

Principal Place of Business

655 N. MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address

655 N. MILITARY TRAIL
WEST PALM BEACH FL 33415

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, MICHAEL S ESO
3801 PGA BLVD.
802
PALM BEACH GARDENS FL 33410

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Andrew Hope
655 N. Military Trail
West Palm Beach, FL 33415

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Jeffrey A. Zipp
655 N. Military Trail
West Palm Beach, FL 33415

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500005134355--1
-03/13/02--01047--013
****200.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

2/27/02

561-686-0120

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 24 PM 2:25



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)