


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91000 046 ***150.00

DOCUMENT # L02000015043

1. Entity Name
Corporate Health Partners, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 312 W. First St Suite, Apt. #, etc. 300 City & State Sanford, Florida Zip 32771 Country US		3. Mailing Address Same Suite, Apt. #, etc. City & State Sanford FL Zip 32771 Country US	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name John Guernina Street Address (P.O. Box Number is Not Acceptable) 534 Alpine St City Altamonte Springs FL Zip Code 32701		

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 John Guernina John Guernina 4-10-03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

January - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President John Guernina 534 Alpine St Altamonte Springs, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Guernina John Guernina 4-10-03 3865471690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)