

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90021 030 \*\*\*\*50.00

**DOCUMENT # L02000020066**

1. Entity Name

**CELL HEALTH, LLC**



Principal Place of Business

Mailing Address

**9452 SW 52 STREET  
COPPER CITY FL 33328  
Cooper**

**9452 SW 52 STREET  
COPPER CITY FL 33328  
Cooper**

2. Principal Place of Business

3. Mailing Address

**9452 SW 52 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Cooper City FL**

Zip

Country

Zip

Country

**33328**

**USA**

4. FEI Number

**36-4516958**

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

**PHELAN, CONSTANCE**

**9452 SW 52 STREET**

**COPPER CITY FL 33328**

**Cooper**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete  
NAME **Constance Phelan**  
STREET ADDRESS **9452 SW 52 Street**  
CITY-ST-ZIP **Cooper City, FL 33328**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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:** **Constance Phelan**

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

**2/6/03**

**305-725-1783**

Date

Daytime Phone #

CR2E083 (10/02)