

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90432 001 \*\*\*608.75

**16797**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L45420**

1. Entity Name  
**IN-HEALTH OF PALM BEACH, INC.**

Principal Place of Business <del>3610 BRIDGEWOOD DR</del> <b>BOCA RATON FL 33434</b> US	Mailing Address <del>3610 BRIDGEWOOD DR</del> <b>BOCA RATON FL 33434-4126</b> US
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2. Principal Place of Business <b>FRED GALLAND</b> Suite <b>6685 Woodbridge Drive</b> <b>Boca Raton, FL 33434</b>	3. Mailing Address <b>FRED GALLAND</b> Suite <b>6685 Woodbridge Drive</b> <b>Boca Raton, FL 33434</b>
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0186157</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

~~GALLAND, FREDERICK~~  
~~3610 BRIDGEWOOD DRIVE~~  
**BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name  
**FRED GALLAND**

Street Address (P.O. Box Numbers in New York State Only)  
**6685 Woodbridge Drive**  
**Boca Raton, FL 33434**

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 \_\_\_\_\_ (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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>GALLAND, FREDERICK</b> <del>3610 BRIDGEWOOD DR</del> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FRED GALLAND</b> <b>6685 Woodbridge Drive</b> <b>Boca Raton, FL 33434</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 employees.

SIGNATURE: *Fred Galland* Date: 5/24/00 Daytime Phone #: 561-20734

CR2E034 (19/99)