

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90175 005 ***150.00

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| DOCUMENT # L56974 |
| 1. Entity Name Health Team, Inc. 12925 SW 74 Court Miami, FL 33156-5356 |

DO NOT WRITE IN THIS SPACE

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|---|---|
| 2. Principal Place of Business 12925 SW 74 Court Suite, Apt. #, etc. | 3. Mailing Address 12925 SW 74 Court Suite, Apt. #, etc. |
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|--|--|---------------------------------------|---|
| City & State Miami, FL 33156 | City & State Miami, FL 33156 | 4. FEI Number 65-0184085 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33156 | Country Miami-Dade | Zip 33156 | Country Miami-Dade |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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IN THIS SPACE**

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|--|---------------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name Julie Malsin | |
| Street Address (P.O. Box Number is Not Acceptable) 12925 SW 74 Court | |
| City Miami | FL Zip Code 33156 |

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 Julie Malsin Julie Malsin 5/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T/S/D/C Julie Malsin 12925 SW 74 Court Miami, FL 33156 | 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: Julie Malsin Juliemalsin 5/22/03 305 253 6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)