

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001598

1. Entity Name

NEW AGE HEALTH INNOVATIONS, LLC

FILED

Feb 01 2000 8:00 am

Secretary of State

Principal Place of Business

10058 SPANISH ISLES BLVD., BLDG.F. BAY 5
BOCA RATON FL 33498

Mailing Address

10058 SPANISH ISLES BLVD., BLDG.F. BAY 5
BOCA RATON FL 33498-6382

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

65-0859898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BLOCH, STUART E
980 NORTH FEDERAL HWY., STE 205
BOCA RATON FL 33492

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM BANYAN HEALTH CARE PRODUCTS, INC. ☐ Delete
STREET ADDRESS 10058 SPANISH ISLES BLVD., BLDG.F. BAY 5
CITY- ST- ZIP BOCA RATON FL 33498

TITLE NAME MGRM SUNCOAST PHARMACY, INC. ☐ Delete
STREET ADDRESS 10058 SPANISH ISLES BLVD., BLDG.F. BAY 5
CITY- ST- ZIP BOCA RATON FL 33498

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003123094--5
CITY- ST- ZIP -02/03/00--01098--003

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY- ST- ZIP *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)