

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90033 008 \*\*\*150.00

**DOCUMENT # M24786**  
1. Entity Name  
**STRATEGIC HEALTH DEVELOPMENT CORPORATION**



Principal Place of Business  
**9315 NE 6 AVE #A1  
MIAMI SHORES FL 33138**

Mailing Address  
**9315 NE 6 AVE #A1  
MIAMI SHORES FL 33138**



2. Principal Place of Business  
**9501 NE 2nd AVE**

3. Mailing Address  
**9501 NE 2nd AVE**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI SHORES FL 33138**

City & State  
**MIAMI SHORES FL**

Zip  
**33138**

Country  
**DADE**

Zip  
**33138**

Country  
**DADE**

4. FEI Number **59-2626367**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, JAMES M.  
801 BRICKELL AVENUE  
24TH FLOOR  
MIAMI FL 33131**

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 state report 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 *Alfred Jr. Karniewicz* **1-15-03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>KARNIEWICZ, CYNTHIA L.</b>	
STREET ADDRESS	<b>1008 PINE BRANCH DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>KARNIEWICZ, ALFRED JR.</b>	
STREET ADDRESS	<b>1008 PINE BRANCH DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALLBANK, NIGEL</b>	
STREET ADDRESS	<b>10600 SW 72 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3 GROVE ISLE DR</b>	
CITY-ST-ZIP	<b>C 1703 COCONUT GROVE, FL 33133</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfred Jr. Karniewicz* **1/15/03** **305 754-7933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)