

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99-1995

1. Entity Name

Alliance Health Products, LLC

00 MAY 22 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7181 College Parkway Ste. 30 (Same)
A. Myers, FL 33907

Mailing Address

2. Principal Place of Business

(Same as above)

3. Mailing Address

(Same as above)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

91-004509

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired

* \$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

Victor Mazzella
1408 SE 17th Ave Ste. F
Cape Coral, FL 33990

7. Name and Address of New Registered Agent

Name

(no change)

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

Victor Mazzella

5/17/00

Signature is valid as stated above if registered agent has not resigned

Signature is required if registered agent is resigning

Date

9. MANAGING MEMBERS/MEMBERS

TITLE: Manager
NAME: Keane Chance aka
K Michelle Chance
STREET ADDRESS: 7181 College Pkwy, Ste 30
CITY, ST, ZIP: A. Myers, FL 33907 ☒ DeleteTITLE: MEMBER
NAME: Patriot Ventures
STREET ADDRESS: 7181 College Pkwy, Ste 30
CITY, ST, ZIP: A. Myers, FL 33907 ☒ DeleteTITLE: MEMBER
NAME: MISAK MALL UNITS
STREET ADDRESS: 7181 College Pkwy, Ste 30
CITY, ST, ZIP: A. Myers, FL 33907 ☒ DeleteTITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY, ST, ZIP: ☐ DeleteTITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY, ST, ZIP: ☐ DeleteTITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY, ST, ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MANAGER
NAME: Leanna Simpson
STREET ADDRESS: 7181 College Pkwy, Ste 30
CITY, ST, ZIP: A. Myers, FL 33907 ☐ Change ☒ AdditionTITLE: MEMBER
NAME: D & T International, Inc.
STREET ADDRESS: 7181 College Pkwy, Ste 30
CITY, ST, ZIP: A. Myers, FL 33907 ☐ Change ☒ AdditionTITLE: MEMBER
NAME: The Comfort Zone, LTD.
STREET ADDRESS: 7181 College Pkwy, Ste 30
CITY, ST, ZIP: A. Myers, FL 33907 ☐ Change ☐ Addition (Keep Same)TITLE: Craig Ellis Consulting - Member
NAME: ☐ Change ☒ Addition
STREET ADDRESS: 7181 College Pkwy, Ste 30
CITY, ST, ZIP: A. Myers, Florida 33907TITLE: ☐ Change ☐ Addition
NAME: 000003283460--8
STREET ADDRESS: -06/09/00--01100--007
CITY, ST, ZIP: *****55.00 *****55.00TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

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 included 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 006, Florida Statutes.

SIGNATURE:

X Leanna Simpson Leanna Simpson 4-7-00

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER

Date

Deputy Form 9