

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000000999****1. Entity Name**
IMAGINE WORLD HEALTH, INCORPORATED**Principal Place of Business**
105 E. DOLPHIN BLVD.

PONTE VEDRA BCH FL 320821714
Mailing Address
105 E. DOLPHIN BLVD.

PONTE VEDRA BCH FL 320821714**2. Principal Place of Business**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3627836
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**STEARNS DAVID
105 E. DOLPHIN BLVD.

PONTE VEDRA BCH FL 320821714 US**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 DAVID STEARNS****03/25/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	STEARNS EDWIN K	
STREET ADDRESS	4532 MIDDLETON PARK CI W	
CITY-ST-ZIP	JACKSONVILLE FL 322246627	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEARNS KAREN	
STREET ADDRESS	105 E. DOLPHIN BLVD.	
CITY-ST-ZIP	PONTE VEDRA BCH FL 320821714	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEARNS DAVID	
STREET ADDRESS	105 E. DOLPHIN BLVD.	
CITY-ST-ZIP	PONTE VEDRA BCH FL 320821714	
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 10

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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 617, 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: David Stearns PD 03/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)