

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90112 005 ****61.25

DOCUMENT # N00000000999

1. Entity Name

IMAGINE WORLD HEALTH, INCORPORATED



Principal Place of Business

**105 E. DOLPHIN BLVD.
PONTE VEDRA BCH FL 32082-1714**

Mailing Address

**105 E. DOLPHIN BLVD.
PONTE VEDRA BCH FL 32082-1714**

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 **59-3627836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEARNS, DAVID
105 E. DOLPHIN BLVD.
PONTE VEDRA BCH FL 32082-1714**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

#5156

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **STEARNS, DAVID**
STREET ADDRESS **105 E. DOLPHIN BLVD.**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082-1714**

TITLE **D** ☐ Delete
NAME **STEARNS, KAREN**
STREET ADDRESS **105 E. DOLPHIN BLVD.**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082-1714**

TITLE **D** ☐ Delete
NAME **STEARNS, EDWIN K**
STREET ADDRESS **4532 MIDDLETON PARK CI W**
CITY-ST-ZIP **JACKSONVILLE FL 32224-6827**

TITLE **D** ☐ Delete
NAME **MILAM, JUDY**
STREET ADDRESS **333 PABLO POINT DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
NAME **STEARNS, ROSEMARY**
STREET ADDRESS **3875 SAN PABLO RD. #214**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

CR2E037 (10/02)

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 904 285 0240