

2002 UNIFORM BUSINESS REPORT (UBR)

5/2.

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-24-2002 90562 009 ****61.25

DOCUMENT # N00000002857

1. Entity Name

ETHNIC HEALTH INFORMATION NETWORK, INC.

Principal Place of Business

1200 SOUTH FEDERAL HIGHWAY
 SUITE 203
 BOYNTON BEACH FL 33433

Mailing Address

1200 SOUTH FEDERAL HIGHWAY
 # 202
 BOYNTON BEACH FL 33435

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 **651002854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPATHEODOREU, ANDREAS
1200 SOUTH FEDERAL HIGHWAY
SUITE 202
BOYNTON BEACH FL 33435

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME **PSTD** ☐ Delete
PAPATHEODOROU, ANDREAS
 STREET ADDRESS **1200 SOUTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **BOYNTON BEACH FL 33433**

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

TITLE ☐ Delete
 NAME **D**
LENOIR, MICHAEL DR.
 STREET ADDRESS **1200 SOUTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **BOYNTON BEACH FL 33433**

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

TITLE ☐ Delete
 NAME **D**
PAPATHEODOROU, ANDREAS
 STREET ADDRESS **1200 SOUTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **BOYNTON BEACH FL 33433**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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: **Andreas Papatheodorou**

4/29/02

561-731-5881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)