

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # N00000004925**

1. Entity Name

**WOMEN'S INSTITUTE OF TOTAL HEALTH IN NATURE, INC**

Principal Place of Business

**6280 SUNSET DR. STE 601  
 MIAMI FL 33143**

Mailing Address

**6280 SUNSET DR. STE 601  
 MIAMI FL 33143**

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

**65 103 5303**

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

Name **Shurman, Carolyn**

Street Address (P.O. Box Number is Not Acceptable)  
**3608 St. Gaudens Rd.**

City **Miami**

**FL**

Zip Code  
**33133**

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

*Carolyn Shurman*

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

(NOTE: Registered Agent signature required when reinstating)

*Aug 2, 2001*

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **KALLOS, NILZA M.D.**  
 CITY-ST-ZIP **10 EDGEWATER DR., UNIT 7D  
 CORAL GABLES FL 33133**

TITLE ☐ Delete  
 NAME **VSTD**  
 STREET ADDRESS **SHURMAN, CAROLYN**  
 CITY-ST-ZIP **3608 ST. GAUDENS ROAD  
 MIAMI FL 33133**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ELLISON, JAMES**  
 CITY-ST-ZIP **5825 SUNSET DR., STE. 209  
 MIAMI FL 33143**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
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 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Carolyn Shurman*

*Aug 2, 01*

CR2E037 (5/01)