

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

0013171

DOCUMENT # N00000006766

1. Entity Name

SOURCE OF HEALTH INC.



Principal Place of Business

Mailing Address

P.O. BOX 1370
ST. PETERSBURG FL 33701

P.O. BOX 1370
ST. PETERSBURG FL 33701

FILED

04 MAR -7 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

2. Principal Place of Business

P.O. BOX 12853

3. Mailing Address

P.O. BOX 12853

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33733-2853

Country

U.S.A.

Zip

33733-2853

Country

U.S.A.

4. FEI Number 59-3682048

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COBB, CAROL ANN M.D.
6400 1ST AVE. N
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name WESTON, MARIA S.

Street Address (P.O. Box Number is Not Acceptable)

980 MELROSE AVE. S

City ST. PETERSBURG

FL

Zip Code 33705

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

MARIA S. WESTON

1/28/04

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
After September 10, 2003, min will be \$236.25

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	D	COBB, CAROL ANN	<input checked="" type="checkbox"/> Delete
NAME		COBB, CAROL ANN	
STREET ADDRESS		6400 1ST AVE. N.	
CITY-ST-ZIP		ST. PETERSBURG FL 33710	
TITLE	D	WESTON, MARIA S	<input type="checkbox"/> Delete
NAME		WESTON, MARIA S	
STREET ADDRESS		980 MELROSE AVE. S	
CITY-ST-ZIP		ST. PETERSBURG FL 33705	
TITLE	D	BARNES, CAREY J	<input checked="" type="checkbox"/> Delete
NAME		BARNES, CAREY J	
STREET ADDRESS		3001 36TH AVE. S.	
CITY-ST-ZIP		ST. PETERSBURG FL 33712	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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	D	BURNEY, CLIFTON E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		BURNEY, CLIFTON E.	
STREET ADDRESS		5510 PUERTA DEL SOL BLVD. #	
CITY-ST-ZIP		ST. PETERSBURG, FL 33715	
TITLE	D	CLENDENING, ROGER K.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		CLENDENING, ROGER K.	
STREET ADDRESS		5240-3 COQUINA KEY DR. S.E.	
CITY-ST-ZIP		ST. PETERSBURG, FL 33705	
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			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

900030025909
03/08/04--01050--014 **61.25
900030025909
03/08/04--01050--013 **236.25

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:

MARIA S. WESTON

1/28/04

(27)824-2817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)