

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007211**

1. Entity Name

CENTER FOR PRACTICAL HEALTH REFORM, INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-11-2001 90090 049 ****61.25

Principal Place of Business

1177 PARK AVE., STE. 5. #205
ORANGE PARK FL 32073-4150

Mailing Address

1177 PARK AVE., STE. 5. #205
ORANGE PARK FL 32073-4150

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

59-3677690

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

KLEPPER, BRIAN R PH.D.
1949 BRISTA DE MAR CIRCLE
ATLANTIC BEACH FL 32233-4525

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 \$61.259. 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	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	KLEPPER, BRIAN R PH.D.	1949 BRISTA DE MAR CIRCLE	ATLANTIC BEACH FL 32233-4525	<input type="checkbox"/>	<input type="checkbox"/>
VS	SMITHERS, CHARLES W JR. CPA	162 VIA TISDELLE	ORANGE PARK FL 32073-5858	<input type="checkbox"/>	<input type="checkbox"/>
T	GIESCHEN, NICHOLAS H. CPA	2384 PINE ISLAND COURT	JACKSONVILLE FL 32224	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Charles W. Smithers, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

904-216-6593

Daytime Phone #

CR2E037 (10/00)