

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008290

1. Entity Name

HEALTH WISE FOUNDATION, INC.

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90562 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1200 SOUTH FEDERAL HIGHWAY  
 SUITE 202  
 BOYNTON BEACH FL 33435

1200 SOUTH FEDERAL HIGHWAY  
 SUITE 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

651061595  
 APPLIED FOR

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

PAPATHEODEROY, ANDREAS  
 1200 S FEDERAL HIGHWAY, #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 PD ☐ Delete  
 NAME PAPATHEODOROU, NOREEN H  
 STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY  
 CITY-ST-ZIP BOYNTON BEACH FL 33435

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

TITLE VD ☒ Delete  
 NAME HALL, MARK  
 STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY  
 CITY-ST-ZIP BOYNTON BEACH FL 33435

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

TITLE STD ☐ Delete  
 NAME PAPATHEODORU, ANDREAS  
 STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY  
 CITY-ST-ZIP BOYNTON BEACH FL 33435

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME D Papatheodorou, Mara  
 STREET ADDRESS 1200 South Federal Highway, Suite 202  
 CITY-ST-ZIP Boynton Beach, FL. 33435

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME D Papatheodorou, Christos  
 STREET ADDRESS 1200 South Federal Highway, Suite 202  
 CITY-ST-ZIP Boynton Beach, FL. 33435

TITLE ☐ Delete  
 NAME  
 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: Andreas Papatheodorou  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

561-731-5881

Date

Daytime Phone #

CR2E037 (9/01)