

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90242 045 ****61.25

DOCUMENT # N00000008290

1. Entity Name
HEALTH WISE FOUNDATION, INC.



Principal Place of Business
**1200 SOUTH FEDERAL HIGHWAY
SUITE 202
BOYNTON BEACH FL 33435**

Mailing Address
**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 **65-1061595**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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 **C.A. Papatheodorou**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Federal Highway, Ste. 202
City **Boynton Beach** FL Zip Code **33435**

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 **C.A. Papatheodorou**

4/29/03

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
Florida 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 ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☒ Change ☐ Addition
NAME **Andreas Papatheodorou**
STREET ADDRESS **1200 S. Federal Highway, Ste. # 202**
CITY-ST-ZIP **Boynton Beach, FL 33435**

TITLE **D** ☐ Delete
NAME **PAPATHEODORU, MARA**
STREET ADDRESS **1200 S FED HWY STE 202**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☒ Change ☒ Addition
NAME **Mara Papatheodorou**
STREET ADDRESS **1200 S. Federal Highway, Ste. 202**
CITY-ST-ZIP **Boynton Beach, FL 33435**

TITLE **D** ☐ Delete
NAME **PAPATHEODOROU, CHRISTAS**
STREET ADDRESS **1200 S FED HWY STE 202**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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: **C.A. Papatheodorou** **4/29/03** **561-634-0483**

CR2E037 (10/02)