

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005629

FILED  
Feb 25, 2003  
Secretary of State

Entity Name: ARBOR VITAE, INC.

**Current Principal Place of Business:**

2025 SE HANFORD RD.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

2025 SE HANFORD RD.  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 65-1130646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON-CLARKE, EULA R  
505 ROYAL PALM BCH BLVD.  
ROYAL PALM BCH, FL 33411

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTIN, DEAN  
Address: 2025 SE HANFORD RD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VTD ( ) Delete  
Name: ANDERSON, MONICA G  
Address: 2025 SE HANFORD RD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SD ( ) Delete  
Name: FOSTER, ICELENA  
Address: 7401 WINTERGARDEN PKWY.  
City-St-Zip: FT. PIERCE, FL 34951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA G ANDERSON

VTD

02/25/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date