

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-07-2003 90168 011 ***150.00

DOCUMENT # N01000005875

1. Entity Name

MEDICAL HELP INTERNATIONAL, INC.



Principal Place of Business

**4807 BRIDGEDALE ROAD
PENSACOLA FL 32505**

Mailing Address

**4807 BRIDGEDALE ROAD
PENSACOLA FL 32505**

55048497

2. Principal Place of Business

1463 SW 158 Ave.

3. Mailing Address

1463 SW 158 Ave

☒ CHECK HERE IF MAKING CHANGES

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number **59-3734922**

Applied For

Not Applicable

Zip **33027**

Country **U.S.**

Zip **33027**

Country **U.S.**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, H.C.
4807 BRIDGEDALE ROAD
PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name

Allen, H.C.

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

1463 SW 158 Ave.

City

Pembroke Pines

FL

Zip Code

33027

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

H.C. Allen

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/03

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

TITLE ☐ Delete
NAME **ALLEN, H.C.**
STREET ADDRESS **4807 BRIDGEDALE ROAD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Delete
NAME **ALLEN, ROBIN**
STREET ADDRESS **4807 BRIDGEDALE ROAD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☒ Delete
NAME **TRAN, MIA**
STREET ADDRESS **109 HONEY SUCKLE LANE**
CITY-ST-ZIP **SUMMERVILLE SC 29485**

TITLE ☐ Delete
NAME **COLEMAN, BETTY**
STREET ADDRESS **1808 NORTH Y ST**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Delete
NAME **GRAFE, GWYN**
STREET ADDRESS **2815 SW 4 PL**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Allen, H.C.**
STREET ADDRESS **1463 SW 158 Ave**
CITY-ST-ZIP **Pembroke Pines FL 33027**

TITLE ☒ Change ☐ Addition
NAME **Allen, Robin**
STREET ADDRESS **1463 SW 158 Ave**
CITY-ST-ZIP **Pembroke Pines FL 33027**

TITLE ☐ Change ☒ Addition
NAME **Coleman, Wayne**
STREET ADDRESS **1301 Highland Circle**
CITY-ST-ZIP **Blacksburg, VA 24060**

TITLE ☒ Change ☐ Addition
NAME **Coleman, Betty**
STREET ADDRESS **1301 Highland Circle**
CITY-ST-ZIP **Blacksburg, VA 24060**

TITLE ☒ Change ☐ Addition
NAME **GRAFE, Gwyn**
STREET ADDRESS **6895 River Hollow Circle**
CITY-ST-ZIP **Buford, GA 30518**

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

850-4573451

Daytime Phone

CR2E037 (10/02)