

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 04, 2002 8:00 am
Secretary of State

05-28-2002 91756 016 ****61.25

DOCUMENT # N01000007645

1. Entity Name

SMALL BUSINESS HEALTH SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**2891 CENTER POINTE DR., STE. 207
FT. MYERS FL 33916****2891 CENTER POINTE DR., STE. 207
FT. MYERS FL 33916**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1637061

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**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 | Director & CEO | <input type="checkbox"/> Delete |
| NAME | Staudt, Thomas P. | |
| STREET ADDRESS | 20 Horseneck Lane | |
| CITY-ST-ZIP | Greenwich, CT 06830 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | Bolin, Kurt | |
| STREET ADDRESS | 20 Horseneck Lane | |
| CITY-ST-ZIP | Greenwich, CT 06830 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | Sawyer, Andrew | |
| STREET ADDRESS | 20 Horseneck Lane | |
| CITY-ST-ZIP | Greenwich, CT 06830 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | CFO | <input type="checkbox"/> Delete |
| NAME | Ryan, Michael | |
| STREET ADDRESS | 20 Horseneck Lane | |
| CITY-ST-ZIP | Greenwich, CT 06830 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | Lowitz, Julie | |
| STREET ADDRESS | 20 Horseneck Lane | |
| CITY-ST-ZIP | Greenwich, CT 06830 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

7/30/02

(203) 869-7772 X221

CR2E037 (4/02)