

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT<sup>2</sup> (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

3/3

03-03-2003 90849 004 \*\*\*\*61.25

**DOCUMENT # NO1000007645**

1. Entity Name

**SMALL BUSINESS HEALTH SOLUTIONS, INC.**



Principal Place of Business

Mailing Address

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

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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**

☐ CHECK HERE IF MAKING CHANGES



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

**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	CEO	<input checked="" type="checkbox"/> Delete
NAME	STAUDT, THOMAS P	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLIN, KURT	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWYER, ANDREW	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	RYAN, MICHAEL	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOWITZ, JULIE	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ROBERT MILLIGAN	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TECKLIN, STACEY	
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		

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 OF REGISTERED AGENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)