2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001082

FILED May 01, 2003 Secretary of State

Entity Name: NATURE'S PLACE VILLAGE OF HERITAGE SPRINGS, INC.

Current Principal Place of Business: New Principal Place of Business: 11509 HIDDEN COVE CT. 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 **Current Mailing Address: New Mailing Address:** 11345 ROBERT TRENT JONES PARKWAY 11509 HIDDEN COVE CT. NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 FEI Number: 33-1004916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DEVASMER, WILBURN C KRACH, MITCHELL P 11509 HIDDÉN COVE CT. 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 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: MITCHELL KRACH 05/01/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition KRACH, MITCHELL Name: Name: Address: Address: 11345 ROBERT TRENT JONES PARKWAY City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34655 Title: Title: () Change (X) Addition () Delete Name: Name: EICHHOLT, LEWIS Address: Address: 11345 ROBERT TRENT JONES PARKWAY City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34655 Title: () Delete Title: DVP () Change (X) Addition BARBER, NORMAN Name: Name: 11345 ROBERT TRENT JONES PARKWAY Address: Address: City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34655 Title: () Delete Title: DST () Change (X) Addition Name: Name: LUKACSZESKI, JOHN 11345 ROBERT TRENT JONES PARKWAY Address: Address: City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34655

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: MITCHELL KRACH VPO 05/01/2003