

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000005018

1. Entity Name

SONIA PLOTNICK HEALTH FUND INC.



FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90161 046 ****70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5050 - 27th AVE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

5050 - 27th AVE SOUTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GULFPORT, FL

City & State

GULFPORT, FL

4. FEI Number

59-2513296

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JULIE MECONNAHEY

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

5050 - 27th AVENUE SOUTH

City

GULFPORT

FL

Zip Code

33707

DO NOT WRITE IN THIS SPACE

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

Julie McConnahey - JULIE MECONNAHEY - DIRECTOR

8-14-03

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

(NOTE: Registered Agent's signature required when re-stating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	KAREN MCGOUGH - PRESIDENT 2803 - W. VINA DEL MAR BLVD. ST. PETE BEACH, FL 33706 (P)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DONNA LAKE - TREASURER 4555 - 4th AVE SOUTH ST. PETERSBURG, FL 33711 (T)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JULIE MECONNAHEY - DIRECTOR REGISTERED AGENT 5050 - 27th AVE SOUTH GULFPORT, FL 33707 (D)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHICKY DESMARZAIS - SECRETARY 12520 - 83RD AVENUE NORTH SEMINOLE, FL 33776 (S)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NINA ROTTER - DIRECTOR 2647 - 44th ST. SOUTH GULFPORT, FL 33711 (D)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LINDA GARRABRANT 4616 - 2ND AVE SOUTH ST. PETERSBURG, FL 33711 (D)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

Julie McConnahey - Director
 JULIE MECONNAHEY