## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N36462** 1. Entity Name RAISING A HEALTHY CHILD, INC. Principal Place of Business Mailing Address C/O DR. JEFF LIANG, PRESIDENT C/O DR. JEFF LIANG, PRESIDENT P.O. BOX 12121 P.O. BOX 12121 TALLAHASSEE FL 32317 TALLAHASSEE FL 32317-2121

## **FILED** Apr 20, 2000 8:00 am Secretary of State

04-20-2000 90046 012 \*\*\*\*61.25

000 55525



Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE			
				4. FEI Number	4. FEI Number 59-2996405		oplied For	
Zip	Country	Zip	Country	5. Certificate of S	_	\$8.75 Add		
	i 6Name and Address of Current			-7: Name and Add	dress of New Registered	•		
			Name					
				Street Address (P.O. Box Number is Not Acceptable)				
GRANGER SANTRY MITCHELL & HEATH P A 2833 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308			Oliveet Addition					
			City	•		Zip Cod	<del></del>	
					FI	<b>-</b>		
. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or regi	istered agent, or both, in	the state of Florida.			
IGNATURE .								
GAVATORIE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: f	Registered Agent signature rec	quired when reinstating)	DATE			
		<u> </u>						
	FILE NOW:	Financing \$	_ \$5.00 May Be Make Check Payable to			)		
	FEE IS \$61.25	Trust Fund Contributi						
				<u> </u>				
), 1	OFFICERS AND DI		11.	ADDITIONS/CHANG	GES TO OFFICERS AND D			
LE	PD PECCEPTY	☐ Delete	TITLE			☐ Change	☐ Addition	
ME REET ADDRESS	LIANG, JEFFREY		NAME STREET ADDRESS					
TY-ST-ZIP	1334 TIMBERLANE RD.		CITY-ST-ZIP					
i	TALLAHASSEE FL 32312						☐ Addition	
ilė	VD Harshbarger; Shelley	☐ Delete	TITLE NAME			☐ Change	C Accidion	
REET ADDRESS	1936 GREENWOOD DR	<del></del>	STREET ADDRESS		J			
neci mooncoo i	1800 GREENWOOD DN							
	TALLAHARREE EL		CITY-ST-ZIP					
TY-ST-ZIP	TALLAHASSEE FL	□ Dolete				☐ Channe	☐ Addition	
TY-ST-ZIP FLE	TD	☐ Delete	CITY-ST-ZIP TITLE NAME			☐ Change	Addition	
TY-ST-ZIP TLE IME	TD MAY, JOAN	☐ Delete	TITLE			☐ Change	☐ Addition	
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i'le Me Reet address I'y-st-zip 'le Me	TD MAY, JOAN 705 FOREST LAIR TALLAHASSEE FL SD SPEER, CONNIE		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
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