2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED ANNUAL REPORT

DOCUMENT # N94000002802

1. Entity Name
GLOBAL HEALTH INFORMATION AND MEDICAL RESEARCH INSTITUTE, INC.

FILED
03 SEP -5 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
03 SEP 5 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
35203 STATE ROAD 54 ZEPHYRHILLS, FL 33541	35203 STATE ROAD 54 ZEPHYRHILLS, FL 33541

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3249365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIMBALL, JOSEPHINE 35205 STATE ROAD 54 ZEPHYRHILLS, FL 33541	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.

600022789706
09/05/03--01033--005 **70.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KIMBALL, JAMES T % 35203 SR 64 ZEPHYRHILLS, FL 33541	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD JOSEPHINE KIMBALL 35205 SR 54 Zephyrhills, Fl 33541	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAN, WARD DR PO BOX 11097 PENSACOLA, FL 32524	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST SSI ENTERPRISES, INC. % 400 SOUTH 4TH ST 3RD FL LAS VEGAS, NV 89109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SSI Enterprises, Inc. C/O 400 South 4th St. 3rd FL Las Vegas, NV 89109	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Toni Kimball 35203 SR 54 Zephyrhills, FL 33541	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Josephine Kimball Pres. Aug 13, 2003 813-973098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #