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

Mailing Address

DOCUMENT # **N9400003485**

1. Entity Name

Principal Place of Business

HEALTHY PALM BEACHES, INC.

324 DATURA ST. SUITE 401 WEST PALM BEACH FL 33401			324 DATURA ST. SUITE 401 WEST PALM BEACH FL 33401				1 200 (21 0) 1 00	 1810	0 112 00120 11112 0 1201	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 65-0550288 Applied For Not Applicable			
Zip		Country	Zip	Cour	ntry		5. Certificate of	Status Desired	¢9.75 .	dditional
•	6. Name	and Address of Current I	l Registered Agent	<u>. </u>			7. Name and Ad	idress of New Registe	`	
V.					Name				<u>.</u>	
COLEMA	AN, IRA J				Street Address (P.O. Box Number is Not Acceptable)					
	MOTT WILL	& EMERY		Street Address (,r.o. box inumber is inot acceptable)			
201 S. E	SISCAYNE B	LVD.								
MIAMI F	L 33131			-	City				□ Zip Co	do
					Oity				FL Zip Co	ue
	ations of regist	ered agent.	the purpose of changing its							, апо ассері
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signatur	re required v	vhen reinstating)		ATE	
	FILE NOW	: FEE IS \$61.25	9. Election Car Trust Fund C				\$5.00 May Be Added to Fees		heck Payable	
10.		OFFICERS AND DIR	ECTORS	11.		A	DDITIONS/CHANG	GES TO OFFICERS AN	D DIRECTORS II	N 10
10.	D		ECTORS ***********************************	11.					☐ Change	N 10
TITLE NAME	GALLON,	DENNIS		TITLE		Eff	ie C. Gr	ear, Ed.D.	☐ Change	
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SIGNATURE:

YED REQUIRED

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.

FILED

Secretary of State

03-24-2003 91015 045 ****61.25

Mar 24, 2003 8:00 am