

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000000005

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: PILGRIMAGE HEALTH AND EDUCATION INITIATIVES, INC.

Current Principal Place of Business:

1100 LEE WAGENER BLVD
STE 309
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

3050 BISCAYNE BLVD
STE 908
MIAMI, FL 33137

Current Mailing Address:

1100 LEE WAGENER BLVD
STE 309
FORT LAUDERDALE, FL 33315

New Mailing Address:

P.O. BOX 17355
FORT LAUDERDALE, FL 33318

FEI Number: 65-0814944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CYNAMON, JEFF P
1100 LEE WAGENER BLVD
#309
FORT LAUDERDALE, FL 33315

Name and Address of New Registered Agent:

CYNAMON, JEFF P
P.O. BOX 17355
FORT LAUDERDALE, FL 33318

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:

04/23/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUYSMAN, JAMES
Address: 1100 LEE WAGENER BLVD #309
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: PD () Delete
Name: GIBSON, BARBARA
Address: 1100 LEE WAGENER BLVD #309
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SD () Delete
Name: MILEY, JEANNE
Address: 1100 LEE WAGENER BLVD #309
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change () Addition
Name: HUYSMAN, JAMES
Address: 3050 BISCAYNE BLVD, STE 908
City-St-Zip: MIAMI, FL 33137

Title: P/D (X) Change () Addition
Name: GIBSON, BARBARA
Address: 601 GLENWOOD LANE
City-St-Zip: PLANTATION, FL 33317

Title: S/D (X) Change () Addition
Name: QUIALA, MARIBEL
Address: 3050 BISCAYNE BLVD, STE 908
City-St-Zip: MIAMI, FL 33137

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: DR. BARBARA GIBSON

P/D

04/23/2002

Electronic Signature of Signing Officer or Director

Date