

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90016 028 ****70.00

DOCUMENT # N98000005634

1. Entity Name

AMERICAN HEALTH TRUST, INCORPORATED

Principal Place of Business

Mailing Address

**831-C N. 3RD ST.
 JACKSONVILLE BCH FL 32250**

**831-C N. 3RD ST.
 JACKSONVILLE BCH FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**POST OFFICE BOX 51175
 JACKSONVILLE BEACH**

City & State

City & State

FLORIDA

Zip

Country

Zip

Country

32240-1175

USA

4. FEI Number

59-3534804

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANT, TERRY
 831-C N. 3RD ST.
 JACKSONVILLE BCH FL 32250**

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.

SIGNATURE

TERRY BRANT, PO Agent

1/8/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **BRANT, TERRY**
 STREET ADDRESS **831-C N. 3RD ST.**
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **LEFT, DIANE B**
 STREET ADDRESS **831-C N. 3RD ST.**
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **BRANT, ISH**
 STREET ADDRESS **831-C N. 3RD ST.**
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

TERRY BRANT, PO Agent

1/8/2002 (904) 241-7680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)