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

DOCUMENT # N98000005634

1. Entity Name



02-28-2003 90140 033 ****61.25

FILED

AMERICAN HEALTH TRUST, INCORPO				
Principal Place of Business 831-C N. 3RO ST. JACKSONWILLE BEACH FL 32250	Mailing Address P.O. BOX 51175 JACKSONVILLE BEACH FL 32240-11	75		
2. Principal Place of Business 1503 Seabreeze Avenue	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

Change

Addition

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,	Place of Business	3. Mailing Address							
1503	Seabreeze Avenue	·			}	'10 (ABAR 1011) MASS 90511 DATT ABIT			
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		·	CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State			4 FEL Numbe	r EO 0E04004		Innlind For	
JACKS	ON VILL BEACH FL	,			4. TETAGINDE	59-3534804		Applied For lot Applicable	
Zip 7225 0	-3364 USA,	Zip	Cour	ntry	5. Certificate of	of Status Desired	\$8.75 Ac	ditional	
	6. Name and Address of Current F	Registered Agent			7 Name and	Address of New Registere	Fee Requir	ea	
	الإسلام يتجددها	-7		- Name			u Agent		
BRANT,	TERRY	/	- 1						
831-C N	N3RD-ST	3 50 ASKREZE A RSOHLINE 1821 3 2 250 - 336	4-6	Street Address (P.O. Box Number is Not Acceptable)					
	NVILLE BCH FL 32250	2250-336	0						
_	72	. 52-0- 0-0							
				City		F	Zip Cod	de	
8. The above	e named entity submits this statement for	the nurnose of changing its	registeros	d office or	rogistored agent as bath				
the obliga	tions of registered agent.	177	i ogistorot	J OILICE OF	registered agent, or potiti	, in the State of Florida. Tal	m ramiliar with,	, and accept	
	- lever	tours	7			,			
SĪGNATURE)				1/10/	200	3	
*	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	: Registered A	Agent signatur	re required when reinstating)	DATE			
			-						
1 '	EILE NOW, EEE IS \$64.05	9. Election Cam	naion Fin	ancina	65.00	Make Che	ale Davabla	4-	
	FILE NOW: FEE IS \$61.25	Trust Fund Co		· · -	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable		
1					710000 10 7 003	Fiorida Depa	artinent of a	State	
10.	OFFICERS AND DIRE	ECTORS	11.		ADDITIONS/CHAI	NGES TO OFFICERS AND (DIRECTORS IN	I 10	
TITLE	PD	☐ Delete	TITLE					☐ Addition	
NAME	BRANT, TERRY	D01010	NAME	- 1	BRANTEDA	GREZE AVEN	∠ Change	Audition	
STREET ADDRESS	831-C \.∕. 3RD ST.		STREET	ADDRESS	TACKSONVI	112 BRACH, F	=		
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250		CITY-S1	T-ZIP	322	50-3364			
TITLE	VD'	Delete	TITLE		V/D	<u> </u>	Change	Addition	
NAME	LEFT, DIANE B DIANE B.	BRANI	NAME		BRANT, D	TANL S.	Change	☐ WOULDIN	
STREET ADDRESS	83 PG N - 8RD ST.		STREET	ADDRESS	1513 SSA60	less audulu	L		
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250		CITY-ST	T-ZIP	JACK STOCKIVILL	Beach F1 32	2250-3	364	
TITLE	STD	Delete	TITLE		PASONE 1	RACTION TR	Change	TED redition	
NAME	BRANT, ISH		NAME		ArtorNew out	PARTIVER DR	y Change	Audition	
STREET ADDRESS	831-C N. 3RD ST.	leceased	STREET	ADDRESS 2	152 0 DAY A	HAVEN ROAD	χ		
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	1/2/03	CITY-ST	r-zip 🕺	JACKSONING	L. FL3220	7		
ITLE		☐ Delete	TITLE		- 0, , 0 , .		Change	Addition	
IAME			NAME	İ				Addition	
TREET ADDRESS			STREET A	ADDRESS					
SITY-ST-ZIP			CITY-ST	-ZIP					
ITLE		□ Delete	TITLE						
IAME			NAME				Change	☐ Addition	
TREET ADDRESS				ADDRESS				ĺ	

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 flustee 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SHATURE AND TYPED OF SIGNING OFFICER OF DISPETURE

SHATURE AND TYPED OFFICER OFFICE