

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90200 011 ***150.00

0328493

DOCUMENT # P00000007480

1. Entity Name

EVIDENCE-BASED HEALTH, INC.

Principal Place of Business

**1441 S.W. 21ST STREET
 BOCA RATON FL 33486**

Mailing Address

**1441 S.W. 21ST STREET
 BOCA RATON FL 33486**

2. Principal Place of Business

1590 N.W. 10th Ave.

3. Mailing Address

1590 N.W. 10th Ave.

Suite, Apt. #, etc.

Suite #304

Suite, Apt. #, etc.

Suite #304

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. FEI Number

#65-0980072

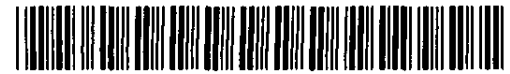
Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

930990



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEON, CARMAN J JR., ESQ
 1441 S.W. 21ST STREET
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **ROWLAND, WILLIAM**
 STREET ADDRESS **1441 S.W. 21ST STREET**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VD** ☐ Delete
 NAME **SMITH, ANDREW L**
 STREET ADDRESS **1301 N.W. 13TH CT.**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **SD** ☐ Delete
 NAME **ROWLAND, LORI ANNE**
 STREET ADDRESS **1441 S.W. 21ST STREET**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **TD** ☐ Delete
 NAME **SMITH, MARGARET**
 STREET ADDRESS **1301 N.W. 13TH CT.**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2001 (561) 391-2708

Date

Daytime Phone #

CR2E034 (10/00)