

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90047 044 ***150.00

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DOCUMENT # P00000011122

1. Entity Name
LIFETIME HEALTH, INC.



Principal Place of Business
**22939 WOLF BRANCH ROAD
SORRENTO FL 32776**

Mailing Address
**22939 WOLF BRANCH ROAD
SORRENTO FL 32776**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3627568**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BERGHOLTZ, RICHARD S
411 NORTH DONNELLY STREET
SUITE 207
MOUNT DORA FL 32756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D BERGHOLTZ, RICHARD S**
STREET ADDRESS **22939 WOLF BRANCH ROAD**
CITY-ST-ZIP **SORRENTO FL 32776**

TITLE ☐ Change ☒ Addition
NAME **D BERGHOLTZ, KELLEY S.**
STREET ADDRESS **22939 WOLF BRANCH RD.**
CITY-ST-ZIP **SORRENTO, FL 32776**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

(352) 735-6938

Daytime Phone #

CR2E034 (10/02)

Attachment

90133457
P00000011122

LAW OFFICES
RICHARD S. BERGHOLTZ, P.A.
ATTORNEYS & COUNSELORS AT LAW

RENAISSANCE BUILDING
411 NORTH DONNELLY STREET, SUITE 207
MOUNT DORA, FLORIDA 32757
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MOUNT DORA, FLORIDA 32756-1789

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Facsimile: (352) 735-9283

Richard S. Bergholtz, Esq.
Email: rsbpalaw@aol.com

Thursday, May 8, 2003

Patricia D. Blume, Paralegal
Email: pdblawoffice@aol.com

Via UPS #1ZF255992210002071

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: LIFETIME HEALTH, INC.

Dear Secretary of State:

Please be advised that this firm represents and is resident agent for Lifetime Health, Inc. I have enclosed the Annual Report which has been executed. Unfortunately, although I received payment before May 1, 2003, it inadvertently did not go out on time. As a professional courtesy, I respectfully request that you process this transaction without charging the \$400.00 late fee.

Your kind courtesy in this regard, is greatly appreciated.

Very truly yours,



Richard S. Bergholtz, P.A.

RSB/lwc

Enclosures