

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

DOCUMENT # P00000012316

1. Entity Name

HEALTHSMART, INC.

04-09-2002 90737 003 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2146 KENSINGTON
Suite, Apt. #, etc.

3. Mailing Address
2146 KENSINGTON LN.
Suite, Apt. #, etc.

80061898

DO NOT WRITE IN THIS SPACE

City & State ORANGE PARK, FL.	City & State ORANGE PARK, FL.	4. FEI Number 593665761	Applied For Not Applicable
Zip 32073	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FRANK WOODWARD
Street Address (P.O. Box Number is Not Acceptable)
2146 KENSINGTON LN.
City
ORANGE PARK FL Zip Code
32073

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP PVST FRANK WOODWARD 2146 KENSINGTON LN. ORANGE PARK, FL. 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANK E. WOODWARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 904-813-8524
Date Daytime Phone #