

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000042077**

1. Entity Name

**GOOD HEALTH NETWORK, INC.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -7 PM 3:35

Principal Place of Business

Mailing Address

218 JACKSON STREET  
MAITLAND FL 32751218 JACKSON STREET  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3656757

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****KRAGH, JAMES F**  
1024 TUSCANY PLACE  
WINTER PARK FL 32789**7. Name and Address of New Registered Agent**

Name

William A. Grimm *ESQ*

Street Address (P.O. Box Number is Not Acceptable)

301 E. Pine St. SUITE 1400

ORLANDO, FL

City Orlando

FL

Zip Code

32801

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

5/1/01

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	<del>CEO</del> D	<input type="checkbox"/> Delete
NAME	KRAGH, JAMES F	
STREET ADDRESS	1024 TUSCANY PLACE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAGH, JAMES F	
STREET ADDRESS	1024 TUSCANY PLACE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SA Agent	<input type="checkbox"/> Delete
NAME	GRIMM, BILL	
STREET ADDRESS	301 E. Pine St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	PO	<input type="checkbox"/> Delete
NAME	OLLER, JERRY	
STREET ADDRESS	788 Bonita Dr.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	FADELEY, BRETT	
STREET ADDRESS	1378 S. Ridge Lake Circle	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONEROCK, JR, DR. ROBT F	
STREET ADDRESS	1306 Woodland St.	
CITY-ST-ZIP	Orlando, FL 32806	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/4/01

Date

(407) 629 0304

Daytime Phone #

CR2E034 (10/00)