

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000044082

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: ALLIED WELLNESS GROUP, INC.

Current Principal Place of Business:

P O BOX 21052
TAMPA, FL 33622

New Principal Place of Business:

3321 W. CYPRESS STREET
TAMPA, FL 33607

Current Mailing Address:

P O BOX 21052
TAMPA, FL 33622

New Mailing Address:

FEI Number: 52-2242319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, SUZETTE M
305 S BREVARD AVE, SUITE 1
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

ALFONSO, SUZETTE M
309 W. DR. MLK JR. BLVD
TAMPA, FL 33603 US

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:

04/28/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAMB, BETTY J
Address: P O BOX 21052
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY J LAMB

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04/28/2002

Electronic Signature of Signing Officer or Director

Date