

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91339 008 ***150.00

DOCUMENT # P00000048375

1. Entity Name

Bridge Global Health Corporation

Principal Place of Business

Mailing Address

2. Principal Place of Business

144 1st Avenue South

3. Mailing Address

1212 66th Street North

Suite, Apt. #, etc.

Suite 320

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

USA

Zip

33710

Country

USA

4. FEI Number

59-3658482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00054194

6. Name and Address of Current Registered Agent

Michael T. Cronin
 911 Chestnut Street

Clearwater, FL 33756

7. Name and Address of New Registered Agent

Name

Hal E. Hershkowitz

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

1212 66th Street North

City

St Petersburg

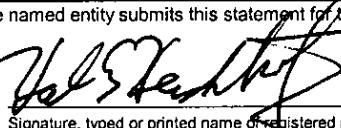
FL

Zip Code

33710

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



Hal E. Hershkowitz

04/27/01

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) ☐

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	P/D	<input type="checkbox"/> Delete
NAME	Jeffrey M. Birnbach	
STREET ADDRESS	523 S. Palm Ave. #1	
CITY - ST - ZIP	Sarasota, FL 34236	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	Patricia D. Graf	
STREET ADDRESS	628 Michigan Blvd.	
CITY - ST - ZIP	Dunedin, FL 34698	
TITLE	C/D	<input type="checkbox"/> Delete
NAME	Ralph V. Frasca, Jr.	
STREET ADDRESS	3898 Wellington Parkway	
CITY - ST - ZIP	Palm Harbor, FL 34685-1170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Patricia D. Graf

04/27/01 727-897-9195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #