

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

DOCUMENT # P00000079209

1. Entity Name

Health Eastern, Corp

FILED

02 NOV 13 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2901 W Oakland Park Blvd

3. Mailing Address

2901 W Oakland Park Blvd

Suite, Apt. #, etc.

A-10

Suite, Apt. #, etc.

A-10

City & State

Oakland, FL

City & State

Oakland, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

65-1034518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PB&A Financial Services, Corp

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

13935 NW 1st Ave

City Miami

FL

Zip Code  
33168

**DO NOT WRITE  
IN THIS SPACE**

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

Sandra Arguello/President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/1/02  
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  
Elizabeth Ginart-Director  
2901 W Oakland Park Blvd A-10 Oakland, FL  
33311

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700008966817  
11/13/02--01046--017 \*\*150.00

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CR2EC34E (12/01)

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 on an attachment with an address, with all other title empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Ginart/Director

10/1/02  
Date

305-688-9694  
Daytime Phone

# HEALTH EASTERN, CORP

2901 W Oakland Park Blvd. # A-10 ~ Oakland, FL. 33311 ~ USA  
Phone 954-735-7991

October 25th, 2002

State of Florida Div. of Corp  
PO Box 6327  
Tallahassee, Fl. 32314

RE: Health Eastern, Corp.  
P00000079209

RE: Healthy Back Rehab, Inc.  
P01000042136

To whom it may concern:

Please be advised by this letter that we did not receive renewal forms for the above mentioned corporations. The only reason this has come to our attention one of our vendors checked on your website and informed us that the were dissolved.

We are enclosing reports and checks for each one of the corporations above mentioned, please processed them and reactive our companies since it is affecting our businesses.

Thank you for your cooperation.

Yours Truly,



Elizabeth Ginart  
President/Health Eastern & Healthy Back Rehab