

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90002 022 ***150.00

DOCUMENT # P00000082512

1. Entity Name
POSITIVE HEALTH OUTCOMES, INC.

Principal Place of Business

Mailing Address

1841 NW 33RD CT
~~FT LAUDERDALE FL 33315~~
OAKLAND PARK, FL 33309

1841 NW 33RD CT
~~FT LAUDERDALE FL 33315~~
OAKLAND PARK, FL 33309



2. Principal Place of Business

3. Mailing Address

1841 NW 33RD COURT
 Suite, Apt. #, etc.

1841 NW 33RD COURT
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

OAKLAND PARK, FL

OAKLAND PARK, FL

4. FEI Number

65-1036630

Applied For

Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

VILLANO, JASON

1841 NW 33RD CT

~~FT LAUDERDALE FL 33315~~
OAKLAND PARK, FL 33309

Name

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

City

FL

Zip Code

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

1/31/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
D
 NAME **VILLANO, JASON**
 STREET ADDRESS **1841 NW 33RD CT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE ☒ Change ☐ Addition
D
 NAME **VILLANO, JASON**
 STREET ADDRESS **1841 NW 33RD CT**
 CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

1/31/02 **954-735-5963**
 Date Daytime Phone #

CR2E034 (9/01)