

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 10 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097568

1. Entity Name

All In Health Clinic Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4023 N. Armenia Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

City & State

Tampa, FL 33607

City & State

Zip

33607

Country

USA

Zip

Country

4. FEI Number

59-3675246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Edward Reyes

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

4023 N. Armenia Ave

Suite 250

TPA, FL

City

FL

Zip Code

33607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edward Reyes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/21/03

January 1 - May 1, Fee is \$150.00

May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President and Secretary  
Edward Reyes  
4023 N. Armenia Ave - Suite 250  
Tampa, FL 33607

TITLE  
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STREET ADDRESS  
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09/09/03--01098--002--\*\*300.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/03

Date

813-319-0180

Daytime Phone #

CR2E034B (12/02)

*Attachment*  
ALL FOR HEALTH CLINIC  
4023 N ARMENTA AVENUE  
SUITE 250  
TAMPA, FLORIDA 33607  
813-319-0180

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July 21, 2003

Florida Department of State  
Division of Corporations

Re: P00000097568

Dear Sirs:

Please find our check in the amount of \$150 together with the UBR for the year 2003. We could not file the report within the May 1<sup>st</sup> deadline because it was sent from the Department to a wrong address.

We apologize for the delay but it was out of our control.

Respectfully,

Edward Reyes  
President