

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90124 013 ***158.75

DOCUMENT # P00000113971

1. Entity Name

ASTAT HEALTHNETWORK CORP.



Principal Place of Business

15511 N FLORIDA AVE
SUITE D
TAMPA FL 33613

Mailing Address

15511 N FLORIDA AVE
SUITE D
TAMPA FL 33613

00036788



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686595

Applied For

Not Applicable

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

IEZZI, ALAN J MD
15511 N FLORIDA AVE
SUITE D
TAMPA FL 33613

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME IEZZI, ALAN J
STREET ADDRESS 15511 N. FLORIDA AVENUE, SUITE D
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

TITLE S
NAME HUMPHRIES, WILLIAM
STREET ADDRESS 15511 N. FLORIDA AVENUE, SUITE D
CITY-ST-ZIP TAMPA FL 33613

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TITLE S
NAME WOODS, JOHN L
STREET ADDRESS 15511 N. FLORIDA AVENUE, SUITE D
CITY-ST-ZIP TAMPA FL 33613

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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #