

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000001033

Entity Name: HEALTH CATALOG, INC.

FILED
Apr 24, 2003
Secretary of State

Current Principal Place of Business:

519 CLEVELAND STREET, #101
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

519 CLEVELAND STREET, #101
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 94-3386246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, GARY W
311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: RONNQUIST, ULF
Address: 519 CLEVELAND STREET, #101
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ULF RONNQUIST

PSTD

04/24/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date