

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

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90163 004 ***150.00

DOCUMENT # **901000009440**

1. Entity Name

Mobile Health Concepts, Inc. ✓

DO NOT WRITE IN THIS SPACE

972197

2. Principal Place of Business

780 Oakland Hills Circle

Suite, Apt. #, etc.

Suite #202

City & State

Lake Mary FL

Zip

32746

Country

USA

3. Mailing Address

PO Box 953488

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32795

Country

USA

4. FEI Number

59-3693980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Chris Maus

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

780 Oakland Hills Circle - #202

City

Lake Mary

FL

Zip Code

32746

**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

Chris Maus

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

(NOTE: Registered Agent signature required when reinstating)

7/29/02

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

*President
Chris Maus*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 like empowered.

SIGNATURE:

Chris Maus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02

Date

407-302-6469

Daytime Phone #

CR2E034B (12/01)

Attachment
972197
PO1000009440

Uniform Business Report
Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

July 29, 2002

Dear Sirs,

I am sending a letter of application for \$150.00. My company Mobile Health Concepts, Inc. never received this application. This application was never sent to the right address. Thank you in advance for your time.

Best regards,

A handwritten signature in black ink, appearing to read "Christopher Maus". The signature is fluid and cursive, with a large initial "C" and a long, sweeping underline.

Christopher Maus
President - Mobile Health Concepts, Inc.