2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2002 8:00 am
Secretary of State
05-28-2002 91530 042 ***150.00

DOCUMENT # P01000035520

1. Entity Name
24 HOUR HEALTH CONSULTING, INC.

93294

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7810 KINGS PT PKWY STE 112 ORLANDO FL 32819	7810 KINGS PT PKWY STE 112 ORLANDO FL 32819

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 7616 Southland Blvd #104	Suite, Apt. #, etc. 3918 Brookmyra Dr.
City & State Orlando FL	City & State Orlando, FL
Zip 32819 Country Orange	Zip 32837 Country Orange

4. FEI Number 59 3758917 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEVATO, MARCO A
7810 KINGS PT PKWY STE 112
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ALEVATO, MARCO A 7810 KINGS PT PKWY STE 112 ORLANDO FL 32819	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEVATO, LILIAN T 7810 KINGS PT PKWY STE 112 ORLANDO FL 32819	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3918 Brookmyra Dr. Orlando, FL 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3918 Brookmyra Dr. Orlando, FL 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: MARCO AURELIO ALEVATO 05/01/02 (407)851-4919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #