2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
03-26-2002 90046 035 ***150.00

23568

DOCUMENT # P01000036414

1. Entity Name
BACK TO HEALTH OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
401 DENNY COURT BOCA RATON FL 33486 US	401 DENNY COURT BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 Camino Gardens Blvd	301 Camino Gardens Blvd
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State Boca Raton, Fl	City & State Boca Raton, Fl
Zip 33432 Country USA	Zip 33432 Country USA

4. FEI Number 65-1103920 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARROLL, GREGORY
401 DENNY COURT
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name Xavier Escobar
Street Address (P.O. Box Number is Not Acceptable) 401 Denny Court
City Boca Raton FL Zip Code 33486

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 X [signature] 3-15-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Xavier Escobar 401 Denny Ct Boca Raton, Fl 33486 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] SIGNATURE REQUIRED 3/15/2 561 3948770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #