

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91082 006 \*\*\*150.00

**DOCUMENT # P01000050425**

**1. Entity Name**  
**HEALTH ALLIANCE GLOBAL, INC.**



**Principal Place of Business**  
**HEALTH ALLIANCE GL.**  
**725 NE 128TH STREET**  
**MIAMI FL 33161**

**Mailing Address**  
**3001 S.W THIRD AVENUE**  
**MIAMI FL 33129**



**2. Principal Place of Business**

**3. Mailing Address**

*Health Alliance Global*  
*1958 Ocean Avenue*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*BROOKLYN, NY, 11230*

Zip

Country

Zip

Country

**4. FEI Number** **65-1121509**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MARKO, DAVID EVERETT ESQ.**  
**3001 S.W THIRD AVENUE**  
**MIAMI FL 33129**

**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. 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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **FRULEVICH, DAVID DC**  
**STREET ADDRESS** **1958 OCEAN AVENUE**  
**CITY-ST-ZIP** **BROOKLYN NY 11230**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME** *FRULEVICH, David DC*  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 Required David, FRULEVICH, DC, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/17/03*

Daytime Phone # *305 777 7777*

CR2E034 (10/02)