

FILED
Jul 15, 2004 08:00 AM
Secretary of State

1. Entity Name
SIPCO HEALTHTEK, INC.



PO BOX 466
GIBSONIA, PA 15044

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GIBSONIA, PA 15044



4. FBI Number
58-2633963

Applied For
Not Applicable

☒ **\$8.75 Additional Fee Required**

COURTACCESS CENTER OF AMERICA, INC.
3249 W CYPRESS STREET SUITE C
TAMPA, FL 33607

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

(NOTE: Registered Agent signature required when reinstating)

U00000166255
07/15/04-80661-003 158.75

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

TITLE	D
NAME	SIPKO, ROBERT JR
STREET ADDRESS	PO BOX 466
CITY-ST-ZIP	GIBSONIA, PA 15044

TITLE
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CITY-ST-ZIP

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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)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #