

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90134 006 ***150.00

0018331 AV

DOCUMENT # P01000054669

1. Entity Name
A HEALTHY PLACE, P.A.

Principal Place of Business Mailing Address
555 W. GRANADA BLVD., STE. G-10 **555 W. GRANADA BLVD., STE. G-10**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
55 N OLD KINGS RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite C
 City & State City & State
ORMOND BEACH
 Zip Country Zip Country
32174 USA

4. FEI Number **59-3723996** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ABBOTT, DALE J CPA
555 W. GRANADA BLVD., STE. G-10
ORMOND BEACH FL 32174

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 _____ (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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
P.D. HEZI COHEN, MD ☐ Delete
95 E. OCEAN TERR
ORMOND BEACH, FL. 32174
 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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: _____ 4/16/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)