

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000054669

FILED
Feb 26, 2003
Secretary of State

Entity Name: A HEALTHY PLACE, P.A.

Current Principal Place of Business:

55 N OLD KINGS RD SUITE C
ORMOND BEACH, FL 32174

New Principal Place of Business:

55 N OLD KINGS RD
SUITE C
ORMOND BEACH, FL 32174 US

Current Mailing Address:

555 W. GRANADA BLVD., STE. G-10
ORMOND BEACH, FL 32174

New Mailing Address:

555 W. GRANADA BOULEVARD
SUITE E-9
ORMOND BEACH, FL 321749409

FEI Number: 59-3723996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, DALE J CPA
555 W. GRANADA BLVD., STE. G-10
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

ABBOTT, DALE J CPA
555 W. GRANADA BOULEVARD
SUITE E-9
ORMOND BEACH, FL 32174 US

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:

02/26/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, HEZI MD
Address: 95E OCEAN TERR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEZI COHEN, MD

PD

02/26/2003

Electronic Signature of Signing Officer or Director

Date