

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91453 034 ***150.00

03/8702 AV

DOCUMENT # P01000069672

1. Entity Name
ABSOLUT GLOBAL HEALTHCARE SEARCH, INC.



Principal Place of Business
3800 WASHINGTON ROAD
SUITE 611
WEST PALM BEACH FL 33405

Mailing Address
3800 WASHINGTON ROAD
SUITE 611
WEST PALM BEACH FL 33405



2. Principal Place of Business
1198 SW 5th Court
Suite, Apt. #, etc.

3. Mailing Address
1198 SW 5th Court
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
BOCA RATON, FLORIDA
Zip
33432
Country
USA

City & State
BOCA RATON, FLORIDA
Zip
33432
Country
USA

4. FEI Number **65-1122231**

☐ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

LEVINE, BRAHM D
515 N FLAGLER DR #300-P
WEST PALM BEACH FL 33401

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
FEINSTEIN, SHAWN
3800 WASHINGTON ROAD SUITE 611
WEST PALM BEACH FL 33405

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
FEINSTEIN, SHAWN
1198 SW 5th COURT
BOCA RATON, FL 33432

☒ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11 2003
May 29, 2003
561-395-4612
Date **Daytime Phone #**

CR2E034 (10/02)