

5/28

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 25, 2002 8:00 am
Secretary of State

05-28-2002 91653 014 ***150.00

DOCUMENT # P01000094170**1. Entity Name**
SUSGEN HEALTH NETWORK INC.**Principal Place of Business****100 WATERWAY DR. #203**
LANTANA FL 33462**Mailing Address****100 WATERWAY DR. #203**
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1145211

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****PEACOCK, SUSAN**
100 WATERWAY DR. #203
LANTANA FL 33462**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**

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

(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
President Secretary Treasurer
SUSAN PEACOCK
100 WATERWAY DR. #203
LANTANA FL 33462☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
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CITY-ST-ZIP☐ Delete**TITLE**
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CITY-ST-ZIP☐ Delete**TITLE**
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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**
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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:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)