

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000109136

FILED
May 21, 2002 8:00 AM
Secretary of State

Entity Name: WESTON HEALTH GROUP, INC.

Current Principal Place of Business:

17064 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

17064 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1152180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

GOLDSMITH, BARRY DR
17064 W. DIXIE HIGHWAY
N. MIAMI, FL 33162 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: DR. BARRY GOLDSMITH

05/21/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GOLDSMITH, BARRY P DC
Address: 17064 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: DR. BARRY GOLDSMITH

PRES

05/21/2002

Electronic Signature of Signing Officer or Director

Date