FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109136

1. Entity Name

WESTON HEALTH GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17064 WEST DIXIE HWY Suite, Apt. #, etc.	17064 WEST DIXIE HWY Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH, FL	City & State: NORTH MIAMI BEACH, FL
Zip: 33162 Country: USA	Zip: 33162 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1152180 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DR BARRY GOLDSMITH

Street Address (P.O. Box Number is Not Acceptable): 17064 WEST DIXIE HIGHWAY

City: NORTH MIAMI BEACH FL Zip Code: 33162

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: BARRY GOLDSMITH, PRESIDENT 09/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	500023263735
NAME	BARRY GOLDSMITH	NAME	09/26/03--01060--007 **150.00
STREET ADDRESS	17064 WEST DIXIE HIGHWAY	STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY GOLDSMITH PRESIDENT 09/23/03 954-709-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1

GOLDENTHAL & SUSS, CPA's, PC.

505 PARK AVENUE • 19TH FLOOR • NEW YORK, NY 10022 • (212) 750-7384
2795 RICHMOND AVENUE • STATEN ISLAND, NY 10314 • (718) 494-4321
ALL FAXES (718) 370-2820 • E-MAIL: CPAPC@AOL.COM

HANAN GOLDENTHAL, CPA MARTIN I. SUSS, CPA

September 23, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Weston Health Group, Inc.
Document # P01000109136

To Whom It May Concern:

Enclosed is the annual report for Weston Health Group, Inc. We are requesting that all late filing penalties are waived, since we never received the annual report from your office. We are also requesting that you reinstate the aforementioned corporation immediately. Your prompt attention to this matter is most appreciated. Should you have any questions, please contact the undersigned at your earliest convenience.

Sincerely,

Martin I. Suss