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
17064 WEST DIXIE HWY
Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH, FL
Zip: 33162 Country: USA

3. Mailing Address
17064 WEST DIXIE HWY
Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH, FL
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 — DATE: 09/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
NAME	BARRY GOLDSMITH
STREET ADDRESS	17064 WEST DIXIE HIGHWAY
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162

500023263735
09/26/03--01060--007 **150.00

DO NOT WRITE IN THIS SPACE

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

CR2E034B (12/02)

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