

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90099 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000016508

1. Entity Name

World Health Alternatives, Inc.



00055578

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2 E. Camino Real
 Suite, Apt. #, etc.
 Suite 202

3. Mailing Address
 2 E. Camino Real
 Suite, Apt. #, etc.
 Suite 202

DO NOT WRITE IN THIS SPACE

City & State
 Boca Raton, Florida
 Zip
 33432

City & State
 Boca Raton, Florida
 Zip
 33432

4. FEI Number
 04-3613924

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 Brenda Lee Hamilton

Street Address (P.O. Box Number is Not Acceptable)
2 E. Camino Real

Suite 202

City Boca Raton

FL

Zip Code
33432

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

Brenda Lee Hamilton

March 11, 2003

(Signature and printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/C
 NAME Richard E. McDonald
 STREET ADDRESS 2 E. Camino Real, Suite 202
 CITY-ST-ZIP Boca Raton, Florida 33432

TITLE D
 NAME Marc D. Roup
 STREET ADDRESS 2 E. Camino Real, Suite 202
 CITY-ST-ZIP Boca Raton, Florida 33432

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Richard E. McDonald 3-11-03 412-829-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Page #

ext. 223

ORIGINAL

**Hamilton
Lehrer &
Dargan, P.A.**

Attachment

80055578
#PO2000016508

A Professional Association
Attorneys and Counselors at Law

2 East Camino Real, Suite 202
Boca Raton, Florida 33432

Telephone: 561-416-8956
Facsimile: 561-416-2855
bbxlawyer@aol.com
www.HLDPA.com

March 12, 2003

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

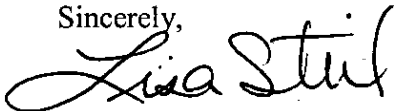
Re: World Health Alternatives, Inc. ("the Company")

To Whom It May Concern:

Enclosed please find an executed Uniform Business Report for the Company along with a check in the amount of \$150.00.

Should you have any questions, please contact our office. Thank you in advance for your assistance.

Sincerely,



Lisa Steil
For the Firm

Enc.