

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90410 046 ***158.75

DOCUMENT # P02000042874

1. Entity Name
ATTAIN HEALTH, INC.



Principal Place of Business
**2406 HUNTINGTON BLVD.
SAFETY HARBOR FL 34695**

Mailing Address
**2406 HUNTINGTON BLVD.
SAFETY HARBOR FL 34695**



2. Principal Place of Business
**218 N. Jefferson Ave.
Suite, Apt. #, etc.
Clearwater, FL**

3. Mailing Address
**P.O. Box 1430
Suite, Apt. #, etc.**

City & State
33755

City & State
Clearwater, FL

4. FEI Number
043651015

Applied For
Not Applicable

Zip Country
USA

Zip Country
33757 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINLEY, MYRON G ESQ.
413 CLEVELAND STREET
CLEARWATER FL 33755**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **TOMCZAK, KEISTIN M**
STREET ADDRESS **2406 HUNTINGTON BLVD.**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **PD** ☒ Change ☐ Addition
NAME **HILDE, BSCHORR F.**
STREET ADDRESS **218 N. Jefferson Ave**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **VTD** ☒ Delete
NAME **BSCHORR, HILDE F**
STREET ADDRESS **212 NORTH JEFFERSON**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **VTD** ☐ Change ☐ Addition
NAME **Tomczak, Kristin H.**
STREET ADDRESS **2406 Huntington Blvd.**
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **SD** ☒ Delete
NAME **ELLENBURG, JASON P**
STREET ADDRESS **8 SOUTH FT. HARRISON AVE.**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03 **727-4411182**
Date Daytime Phone #

CR2E034 (10/02)