

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

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AV

DOCUMENT # P02000044571



1. Entity Name  
J. ALLEN HEALTH, INC.

FILED

03 JUN -2 PM 5: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1331 E. LAFAYETTE ST., STE. D  
TALLAHASSEE FL 32301

Mailing Address  
1331 E. LAFAYETTE ST., STE. D  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2040116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BERTOLDI, MICHELE A  
1331 E. LAFAYETTE ST., STE. D  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ACHLER, LAWRENCE M  
1331 E. LAFAYETTE ST., STE. D  
TALLAHASSEE FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600020967296  
06/18/03--01039--022 \*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERTOLDI, MICHELE A  
1331 E. LAFAYETTE ST., STE. D  
TALLAHASSEE FL 32301 ☐ Delete

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

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☐ Change ☐ Addition

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

Date

Daytime Phone #

CP2E034 (10/02)



International Research Bureau, Inc.  
1331 E. Lafayette St., Suite A  
Tallahassee, FL 32301  
1-800-447-2112  
1-800-814-7714 Fax  
<http://www.irb-online.com>

Florida Department of State  
Division of Corporations  
Tallahassee, FL

June 2, 2002

To Whom It May Concern:

IRB, Inc. is located in the same Building as both J. Allen Health and Physicians License Consulting Service. Occasionally our mail will be mistakenly delivered in each other's mail boxes by the U.S. Postal Service. When this happens we, of course, will inform each other of this and will exchange the misdelivered mail. Several Months ago this happened with the Corporation renewal documents that were mailed to Suite D but accidentally placed in our Suite A box. We were in process of rearranging the office at the time and their mail was not given to them until today, when their mail was rediscovered.

I am writing this letter in hopes that you will waive the late fees associated with the renewal of their corporation documents. Your cooperation in this matter will be greatly appreciated by all parties involved.

Sincerely,  
Office Manager, IRB, Inc.