


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90334 004 \*\*\*150.00

**DOCUMENT #** P02000071664

1. Entity Name  
NORTH AMERICAN MEN'S HEALTH, INC.



Principal Place of Business  
183 S SHADOW BAY BLVD  
LONGWOOD FL 32779

Mailing Address  
183 S SHADOW BAY BLVD  
LONGWOOD FL 32779



2. Principal Place of Business  
498 Palm Springs Dr.  
Suite, Apt. #, etc. Suite 335  
City & State Altamonte Springs FL

3. Mailing Address  
498 Palm Springs Dr.  
Suite, Apt. #, etc. Suite 335  
City & State Altamonte Springs FL

4. FEI Number  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
BUSTAMANTE, ALBERT S  
255 S ORANGE AVE STE 1700  
ORLANDO FL 32801

7. Name and Address of New Registered Agent  
-Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

CHECK HERE IF MAKING CHANGES

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	HA, QUOC H	
STREET ADDRESS	850 E OCEAN BLVD STE 906	
CITY-ST-ZIP	LONG BEACH CA 90802	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALLIS, RAMSAY	
STREET ADDRESS	10 THIRD AVE	
CITY-ST-ZIP	ST PETERS AUSTRALIA 5069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/24/03  
Daytime Phone #

CR2E034 (10/02)