

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90713 044 ***150.00

DOCUMENT # P02000081785

1. Entity Name
NOUVELLEHEALTH, INC.



Principal Place of Business
1675 PALM BEACH LAKES BLVD., SUITE 700
WEST PALM BEACH, FL 33401

Mailing Address
1675 PALM BEACH LAKES BLVD., SUITE 700
WEST PALM BEACH, FL 33401

2. Principal Place of Business
14255 US Highway One

3. Mailing Address
14255 US Highway One



04142004 Chg-P CR2E034 (10/03)

City & State
Juno Beach, FL

City & State
Juno Beach, FL

4. FEI Number
81-0563893

Applied For
Not Applicable

Zip
33408

Country
USA

Zip
33408

Country
USA

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

6. Name and Address of Current Registered Agent

NATOLE, TIMOTHY A
1675 PALM BEACH LAKES BLVD., SUITE 700
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Lester Griffith, MD

Street Address (P.O. Box Number is Not Acceptable)
14255 US Highway One

City
Juno Beach

FL

Zip Code
33408

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NATOLE, TIMOTHY A 1675 PALM BEACH LAKES BLVD., SUITE 700 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIFFITH, LESTER DR. 1675 PALM BEACH LAKES BLVD., SUITE 700 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, ROBERT 1675 PALM BEACH LAKES BLVD., SUITE 700 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Natole, Timothy A 14255 US Highway One Juno Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Griffith, Lester Dr. 14255 US Highway One Juno Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Allen, Robert 14255 US Highway One Juno Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lester Griffith 4/19/04 561-624-5748