

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90064 044 ***550.00

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1. Entity Name
HEALTHPRO CORPORATION



Principal Place of Business
901 OCEAN BLVD., UNIT 58
ATLANTIC BEACH FL 32233

Mailing Address
901 OCEAN BLVD., UNIT 58
ATLANTIC BEACH FL 32233



2. Principal Place of Business
901 Ocean Blvd # 58

3. Mailing Address
901 Ocean Blvd # 58

Suite, Apt. #, etc.
Atlantic Bch. FL

Suite, Apt. #, etc.
Atlantic Bch. FL

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
75 3083712

Applied For
Not Applicable

Zip
32233

Country
USA

Zip
32233

Country
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

TAN, FE VASQUEZ
901 OCEAN BLVD., UNIT 58
ATLANTIC BEACH FL 32233

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

(NOTE: Registered Agent signature required when reinstating)

DATE *8/1/03*

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D TAN, FE VASQUEZ
901 OCEAN BLVD., UNIT 58
ATLANTIC BEACH FL 32233

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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: *Fe Tan*
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/03 904 651 8114

CR2E034 (4/03)