

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90099 004 ***150.00

DOCUMENT # P02000085491

1. Entity Name
HEALTHPRO - SCREENING & WELLNESS, INC.



Principal Place of Business
9300 SUNSET DR 2 FLOOR
MIAMI FL 33173

Mailing Address
9300 SUNSET DR 2 FLOOR
MIAMI FL 33173

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

05-0525738

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

FRANCO, VICTORIA R
3672 RIVERVIEW RD
COCONUT GROVE FL 33133-6503

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3672 BAYVIEW ROAD

City

Coconut Grove

FL

Zip Code

33133

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/10/03

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 **P** ☐ Delete
NAME **FRANCO, VICTORIA R**
STREET ADDRESS **3672 BAYVIEW RD**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **V** ☐ Delete
NAME **COHO, DANIEL W**
STREET ADDRESS **8357 SW 137 AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **ST** ☐ Delete
NAME **COHO, ALEJANDRA S**
STREET ADDRESS **9300 SUNSET DR 2 FLOOR**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Victoria Franco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03 (305) 275-0452
Date Daytime Phone #

CR2E034 (10/02)