2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003
Secretary of State

DOCUMENT# P02000098743

Entity Name: WORLDWIDE HEALTH RESOURCES, INC.

Current Principal Place of Business:

1536 SW 5TH AVE
BOCA RATON, FL 33432

New Principal Place of Business:

1536 SW 5TH AVE
BOCA RATON, FL 33432 US

Current Mailing Address:

1536 SW 5TH AVE
BOCA RATON, FL 33432

New Mailing Address:

1536 SW 5TH AVE
BOCA RATON, FL 33432 US

FEI Number: 68-0523506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAYLORD, MARC R ESQ
9307-B SE OLYMPUS ST
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOULD, SHERRY
Address: 1536 SW 5TH AVE
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: GOULD, MITCH
Address: 1536 SW 5TH AVE
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GOULD, SHERRY
Address: 1536 SW 5TH AVE
City-St-Zip: BOCA RATON, FL 33432 US

Title: D (X) Change ( ) Addition
Name: GOULD, MITCH
Address: 1536 SW 5TH AVE
City-St-Zip: BOCA RATON, FL 33432 US

Title: D ( ) Change (X) Addition
Name: RICHERSON, THOMAS
Address: 1536 SW 5TH AVE
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCH GOULD MR 09/09/2003

Electronic Signature of Signing Officer or Director — Date