

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90327 022 \*\*\*150.00

04/25/03 AV

**DOCUMENT # P02000116709**

1. Entity Name

**CHEKFAM HEALTH NETWORK**



Principal Place of Business

**2225 NURSERY ROAD  
SUITE 15-202  
CLEARWATER FL 33764**

Mailing Address

**2225 NURSERY ROAD  
SUITE 15-202  
CLEARWATER FL 33764**

**40003123**



2. Principal Place of Business

**67 EMERALD BAY DR  
SUITE 67  
OLDSMAR FL**

3. Mailing Address

**67 EMERALD BAY DR  
SUITE 67  
OLDSMAR, FL**

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**OLDSMAR FL**

**OLDSMAR, FL**

4. FEI Number

**83-0339917**

☒ Applied For

☐ Not Applicable

Zip

Country

**34677**

**USA**

Zip

Country

**34677**

**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

**COLLINS, DONALD R**

**3606 CENTRAL AVENUE**

**SUITE A**

**ST. PETERSBURG FL 33711**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ONYEOGULU, NGOZI</b>	
STREET ADDRESS	<b>2225 NURSERY ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

*Nguzi Onyegulu* 4/22/03

(727) 643-9444

Date

Daytime Phone #

CR2E034 (10/02)