

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 90352 026 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118491			
1. Entity Name COMMUNITY HEALTH LINK DIGEST, INC.			
Principal Place of Business 1486 BELLEAIR RD. CLEARWATER, FL 33756		Mailing Address 1486 BELLEAIR RD. CLEARWATER, FL 33756	
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 13-4221598		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired	
☐		☐	
		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
LOVELACE, WILLIAM K ESQ. 401 S. LINCOLN AVE. CLEARWATER, FL 33756			
7. Name and Address of New Registered Agent			
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 date it applies. (NOTE: Registered Agent Signature required when releasing)			
DATE _____			
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			
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