2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P02000124645

1. Entity Name

FLORIDA HEALTH ASSOCIATES INC



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90274 048 ***150.00

3032 E COMI	DE OF BUSINESS MERCIAL BLVD #11 ALE FL 33308		ess IMERCIAL BLVD #1 DALE FL 33308	1					
2. Principal Place of Business		3. Mailing Address				} (BB)((BB)	[
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	El Number		pplied For ot Applicable	7
Zip	Zip Country		Zip Cou		5. C	ertificate of Status Desired	\$8.75 Ad Fee Require		1
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
		~ •	V	_Name _	_ <u></u>	of marketing and an in-		-	
JOHNSON, HILDA 3032 E COMMERCIAL BLVD #11			Street Address		ess (P.O. Bo	ox Number is Not Acceptable)		. * •	1
ft laudi	ERDALE FL 33308]
				City			FL Zip Cod	de	
the obligat	Signature, typed or printed name of registered agent	, ,		ered Office of reg				and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State				Election Campaign Financing Trust Fund Contribution.	_ ~~	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	1	1.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTO JOHNSON, HILDA 3032 E COMMERCIAL BLVD #11 FT LAUDERDALE FL 33308		N S	ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition	F034 (10/
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE AME TREET ADDRESS ITY-ST-ZIP			(iii) Change	Addition	CB2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>		N S	ITLE AME TREET ADDRESS ITY-ST-ZIP			Change	☐ Addition	

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.

CITY-ST-ZIP

TITLE

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