

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134354

FILED
Sep 03, 2005
Secretary of State

Entity Name: STEP UP 2 HEALTH, INC.

Current Principal Place of Business:

6683 NW 25 AVE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

6683 NW 25 AVE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 90-0119413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, MARC I ESQ.
2600 N MILITARY TRAIL STE 290
BOCA RATON, FL 33431 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEINHOUSE, BARRY DR.
Address: 6683 NW 25 AVE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: WEINHOUSE, LINDA
Address: 6683 NW 25 AVE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARRY A WEINHOUSE

PRES

09/03/2005

Electronic Signature of Signing Officer or Director

Date