

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

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90030 029 \*\*\*150.00

<b>DOCUMENT #</b> P03000095088
<b>1. Entity Name</b>
PREVENTIVE HEALTH CENTER, INC.

**DO NOT WRITE IN THIS SPACE**

40102372

<b>2. Principal Place of Business</b> 2500 E HALLANDALE BEACH BLVD Suite, Apt. #, etc. 406	<b>3. Mailing Address</b> 2500 E HALLANDALE BEACH BLVD Suite, Apt. #, etc. 406
<b>City &amp; State</b> HALLANDALE BEACH, FL	<b>City &amp; State</b> HALLANDALE BEACH, FL
<b>Zip</b> 33009	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 45-0522870	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> LISSA M JEAN-PIERRE
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 100 GOLDEN ISLE DRIVE #1113
<b>City</b> HALLANDALE BEACH
<b>FL</b> <b>Zip Code</b> 33009

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11.**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P LISSA M JEAN-PIERRE 100 GOLDEN ISLE DRIVE #1113 HALLANDALE BEACH, FL 33009	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lissa M Jean-Pierre* **LISSA M JEAN-PIERRE** **5/1/2007** **(954) 648-8999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #