

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P40551**1. Entity Name
DYNAMIC HEALTH, INC.

Principal Place of Business	Mailing Address
550 S. RIO #300 TAMPA 33609 US	550 N. RIO #300 TAMPA 33609 US

2. Principal Place of Business 3225 S MACDILL AVE	3. Mailing Address 3225 S MACDILL AVE
--	--

Suite, Apt. #, etc. 129-327	Suite, Apt. #, etc. 129-310
--------------------------------	--------------------------------

City & State TAMPA FL	City & State TAMPA FL
--------------------------	--------------------------

Zip 33629	Country US	Zip 33629	Country US
--------------	---------------	--------------	---------------

4. FEI Number
59-3139727
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SILVER JOHN J.**
550 N. RIO
#300
TAMPA
33609
US**7. Name and Address of New Registered Agent**Name
MCNAMARA THOMAS P
Street Address (P.O. Box Number is Not Acceptable)
2909 BAY TO BAY BLVD.
309
City
TAMPA FL Zip Code
33629

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.

SIGNATURE **THOMAS P MCNAMARA****01/21/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY CHRISTOPHER 231 S. LASALLE ST. CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL DANIEL M. 227 W. MONROE ST, STE 3880 CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILLIVARY BURTON 31ST NATIONAL PLAZA, STE 1210 CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS JOHN R. 227 W. MONROE ST., STE 3880 CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAJOT, RICHARD J. 550 N REO #300 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVER JOHN J 550 N REO # 300 TAMPA FL 33609 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAJOT RICHARD J 546 RIVERIA DRIVE TAMPA FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVER JOHN J 913 SYMPHONY BEACH LANE APOLLO BEACH FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN J. SILVER**

PRES 01/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)