2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000087402

1. Entity Name

HEALTH CALL, INC.



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

04-09-2003 90150 006 ***150.00

Principal Place of Business 5210 SW 172ND AVENUE FORT LAUDERDALE FL 33331 US			Mailing Address 5210 SW 172 AVE FORT LAUDERDALE FL 33331 US							
2. Principal P	Place of Busine	ess	3. Mailing Address					illi 68161 (8111 1881) 676	11 00116 1161 1011	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City &	State		4. F	4. FEI Number 65-0474837 Applied For Not Applicable			
Zip		Country	Zip		Country	5. (Certificate of Status Desired	□ \$8.75 A Fee Requ		
	6. Name	and Address of Curren	Registered	Agent		7. N	Name and Address of New Regi	stered Agent		
	I & GUTTER BROWARD BLVD PH 4 TION FL 33324 I A Signature, typed or printed name of registered agent and title if applicable. (NOTE: 1				Name			· ·		
KAHN, ROBERT M ESQ % KAHN & GUTTER					Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
		VD PH 4	•				41 Y			
PLANTATION FL 33324					City		<u> </u>	FL Zip Ci	ode	
	tions of registe	ered agent.			Registered Agent signatur			DATE		
	Signature, typed o	or printed name of registered agen	t and little it applica	DIE. (NOTE:	Registered Agent signatur	e required when re	enstating)	DAIE		
Afte	r May 1, 200	FEE IS \$150.00 Florida Department					Election Campaign Financ Trust Fund Contribution.		.00 May Be ded to Fees	
·10.		OFFICERS AND	DIRECTORS	3	11,	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 11	
TITLE (**	, Biritorion	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV // SANDLER, 10351 NW	ROBERT		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Addition	
	DVST LEVITT, JO 3311 SW 3	HN8 ST	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLLYWOO	OD FL 33023		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e	
TITLE				☐ Delete	TITLE			Change	e 🔲 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



954.680.0916