

DOCUMENT # P94000050158
1. Entity Name
SARAH HEALTH WAYS, INC.

Principal Place of Business
400 HWY NORTH
#19, PALATKA MALL
PALATKA FL 32177
US

Mailing Address
400 HWY NORTH #19
PALATKA MALL
PALATKA FL 32177
US

2. Principal Place of Business
153 Town n' Country Dr.
Suite, Apt. #, etc.
153

3. Mailing Address
TOWN E COUNTRY Dr.
Suite, Apt. #, etc.
153

City & State
PALATKA FL

City & State
PALATKA FL

Zip
32177

Country
USA

Zip
32177

Country
USA

6. Name and Address of Current Registered Agent
BHATTI, IMTIAZ HR
1109 LEE STREET
PALATKA FL 32117

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
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	Delete
P	BHATTI, IMTIAZ H. R	400 HWY. NORTH H19	PALATKA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	BHATTI, IMTIAZ H. R	153 TOWN AND COUNTRY Dr	PALATKA FL 32177	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
01.06.01

Daytime Phone #
904 328 6221

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90047 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)