FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
09-30-2002 90182 042 ***550.00

DOCUMENT # P94000079800

1. Entity Name
HEALTHSMART PRODUCTIONS INCORPORATED

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
357 W. MARION AVE	357 W. MARION AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PUNTA GORDA, FL	City & State: PUNTA GORDA, FL
Zip: 33950 Country: USA	Zip: 33950 Country: USA

4. FEI Number: 650553011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT J. MIGNONE

Street Address (P.O. Box Number is Not Acceptable): 8318 MIDNIGHT PASS ROAD

City: SARASOTA FL Zip Code: 34242

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DIRECTOR
NAME	ROBERT J. MIGNONE
STREET ADDRESS	8318 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Mignone MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #P94000079800 874056

Annual Reports

Report Year	Filed Date	Intangible Tax
1999	05/08/2000	
2000	05/08/2000	
2001	02/05/2001	

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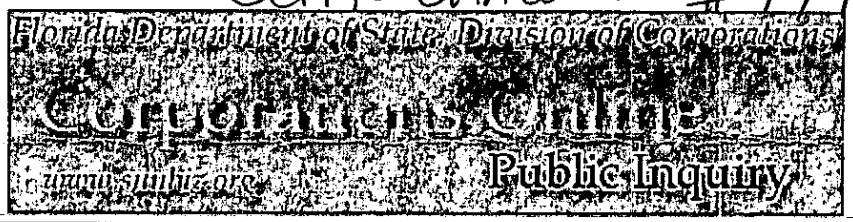
No Name History Information

View Document Image(s)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry | Corporations Help

Attachment # 874056
P94000079800



Florida Profit

HEALTHSMART PRODUCTIONS INCORPORATED

PRINCIPAL ADDRESS
~~121 E MARION AVE~~
~~1102~~
~~PUNTA GORDA FL 33950~~
~~Changed 05/08/2000~~

MAILING ADDRESS
~~121 E MARION AVE~~
~~1102~~
~~PUNTA GORDA FL 33950~~
Changed 05/08/2000

Document Number	FEI Number	Date Filed
P94000079800	650553011	10/31/1994
State	**Status**	**Effective Date**
FL	ACTIVE	NONE
Last Event	**Event Date Filed**	**Event Effective Date**
REINSTATEMENT	07/16/1997	NONE

Registered Agent

Name & Address
MIGNONE, ROBERT J 8318 MIDNIGHT PASS ROAD SARASOTA FL 34234
Address Changed: 05/08/2000

Officer/Director Detail

Name & Address	Title
MIGNONE, ROBERT J 8318 MIDNIGHT PASS ROAD SARASOTA FL 34242	D