

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90126 002 ***150.00

DOCUMENT # P95000000084

1. Entity Name
A TOUCH OF HEALTH, INC.

Principal Place of Business

203 S. MOODY AVENUE
 TAMPA FL 33609

Mailing Address

203 S. MOODY AVENUE
 TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3296384**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEUMANN, RITA
203 S. MOODY AVENUE
TAMPA FL 33609

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUMANN, RITA 203 S. MOODY AVENUE TAMPA FL 33609 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rita Neumann Rita Neumann 7/9/02

CR2E034 (4/02)

Attachment

LIONEL MARTINEZ & COMPANY
2505 West Virginia Avenue
Tampa, Florida 33607
Tel No. (813) 879-9803
Fax No. (813) 870-6732

#P9500000084
121700

July 9, 2002

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: A Touch of Health Inc.
Federal ID No. 59-3296384

To Whom It May Concern:

Enclosed please find 2002 Uniform Business Report for above named client with a check in the amount of \$150.00.

Please be informed that this was the first notice received by my client. Ms. Neumann recently lost her husband, which was also her accountant, responsible for paying business taxes and filing tax returns. Please waive penalties of \$400.00 due to difficult circumstances. Your attention would be greatly appreciated.

If additional information is needed, please contact me.

Sincerely,



Elaine Grillo
President

Enclôtures