

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90262 043 \*\*\*150.00

**DOCUMENT # P96000054357**

1. Entity Name

**INSTITUTE OF HYDROTHERAPY AND NATURAL HEALTH, IN C.**

Principal Place of Business

**233 N FEDERAL HWY****#53****DANIA FL 33004****US**

Mailing Address

**233 N FEDERAL HWY****#53****DANIA FL 33004****US**

2. Principal Place of Business

**2300 GRIFFIN ROAD**

Suite, Apt. #, etc.

**SUITE 1-B**

City &amp; State

**FT LAUDERDALE FLORIDA**

Zip

**33312**

Country

**USA**

3. Mailing Address

**2300 GRIFFIN ROAD**

Suite, Apt. #, etc.

**SUITE 1-B**

City &amp; State

**FT LAUDERDALE FLORIDA**

Zip

**33312**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0694499**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHAFER, SUZANNE BOURGIE****233 N FEDERAL HWY****STE 53****DANIA FL 33004**

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, 2002 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	<input type="checkbox"/> Delete
	<b>PDVP</b>			
	<b>SCHAFER, SUZANNE BOURGIE</b>			
	<b>233 N FEDERAL HWY #53</b>			
	<b>DANIA FL 33004</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/12/02**  
**894-8941**

CR2E034 (9/01)