

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077802

1. Entity Name

HEALTH START, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90200 025 ***150.00

Principal Place of Business

Mailing Address

~~5450 SW 70 AVE~~
~~WILTON, CT 06897~~
~~DAVIE FL 33314~~

~~52 GREY ROCKS ROAD~~
~~WILTON, CT 06897~~
~~DAVIE FL 33314~~

2. Principal Place of Business

52 Grey Rocks Road

3. Mailing Address

52 Grey Rocks Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilton, CT 06897

City & State

Wilton, CT 06897

4. FEI Number

65-0701327

Applied For

Not Applicable

Zip

06897

Country

USA

Zip

06897

Country

USA

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

Name

David E. Buck, CPA

Street Address (P.O. Box Number is Not Acceptable)

2900 East Oakland Park Boulevard, # 103

City

Fort Lauderdale

FL

Zip Code
33306

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

David E. Buck, Registered Agent 2/26/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVS** ☒ Delete

NAME **MILLER, NANCY A**

STREET ADDRESS **5450 SW 70 AVE**

CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D/P/V/S/T** ☒ Change ☐ Addition

NAME **Miller, Nancy A.**

STREET ADDRESS **52 Grey Rocks Road Wilton, CT 06897**

CITY-ST-ZIP

TITLE **T** ☒ Delete

NAME **MILLER, NANCY A**

STREET ADDRESS **5450 SW 70 AVE**

CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Nancy A. Miller
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-20-00

Date

Daytime Phone #

954-

561-3303

CR2E034 (9/99)