

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90029 039 ***158.75

DOCUMENT # P97000007645

1. Entity Name

ALL HEALTH DEVELOPMENT CORP.

Principal Place of Business

~~3810 INVERRARY BLVD~~
~~SUITE 302~~
~~LAUDERHILL FL 33319~~
~~US~~

Mailing Address

~~3810 INVERRARY BLVD~~
~~SUITE 302~~
~~LAUDERHILL FL 33319~~
~~US~~

2. Principal Place of Business

#176 265 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

#176 265 S. Federal Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

4. FEI Number

65-0721718

Applied For

Not Applicable

Zip

33441

Country

USA

Zip

33441

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONWAY, JEANNE O
324 ROYAL PALMWAY
SUITE 300
PALM BEACH FL 33480

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

Jeane O. Conway

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, THOMAS H	
STREET ADDRESS	12994 CALAIS CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KING, KATHLEEN J	
STREET ADDRESS	1500 SE 13TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	AKERS, C B	
STREET ADDRESS	3810 INVERRARY BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	CMD	<input type="checkbox"/> Delete
NAME	SANADI, NABIL E	
STREET ADDRESS	1900 S OCEAN #4E	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLINS, LEE J	
STREET ADDRESS	2462 SW 12TH CT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	GCD	<input type="checkbox"/> Delete
NAME	CONWAY, JEANNE O	
STREET ADDRESS	611 PARK CIRCLE WEST	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen J. King	
STREET ADDRESS	1500 SE 13th Street	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey O'Leary	
STREET ADDRESS	3850 GALT OCEAN DRIVE	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/2001

Daytime Phone #

56155-0620

CR2E034 (10/00)