

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
 05-03-2002 90032 022 \*\*\*150.00

05/03/02

**DOCUMENT # P97000007645**

1. Entity Name

**ALL HEALTH DEVELOPMENT CORP.**

Principal Place of Business

**#176 265 S FEDERAL HWY  
 DEERFIELD BEACH FL 33441  
 US**

Mailing Address

**#176 265 S FEDERAL HWY  
 DEERFIELD BEACH FL 33441  
 US**

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

**65-0721718**

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

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

Name

**Same**

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

**3200 N.E. 48th Avenue**

City

**High Springs**

**FL**

**Zip Code 32643**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD KING, KATHLEEN J**  
 STREET ADDRESS **1500 SE 13TH STREET**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D OLVEAN, JEFFREY**  
 STREET ADDRESS **3850 GALT OCEAN DRIVE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **CMD SANADI, NABIL E**  
 STREET ADDRESS **1900 S OCEAN #4E**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5100 N. Ocean Blvd, Apt. 312**  
 CITY-ST-ZIP **Ft. Lauderdale, FL. 33308**

TITLE ☐ Delete  
 NAME **TD COLLINS, LEE J**  
 STREET ADDRESS **2462 SW 12TH CT**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **GCD CONWAY, JEANNE O**  
 STREET ADDRESS **611 PARK CIRCLE WEST**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☒ Change ☐ Addition  
 NAME **GCD/Sec.**  
 STREET ADDRESS **3200 NE 48th Avenue**  
 CITY-ST-ZIP **High Springs, FL. 32643**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: KATHLEEN J. KING** **Res. 4/18/02 (800) 777-9763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #