2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003
Secretary of State

DOCUMENT# P97000007645

Entity Name: ALL HEALTH DEVELOPMENT CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0721718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONWAY, JEANNE O
3200 NE 48TH AVENUE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KING, KATHLEEN J
Address: 1500 SE 13TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete
Name: OLVEEAN, JEFFREY
Address: 3850 GALT OCEAN DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: CMD ( ) Delete
Name: SANADI, NABIL E
Address: 5100 N OCEAN BLVD, APT 312
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD ( ) Delete
Name: COLLINS, LEE J
Address: 2462 SW 12TH CT
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: GCDS ( ) Delete
Name: CONWAY, JEANNE O
Address: 3200 NE 48TH AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN J. KING P 04/23/2003

Electronic Signature of Signing Officer or Director Date