

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90061 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97 0000 08423

1. Entity Name

HEALTH IN GENERAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6396 RIVER ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3434028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

O'BRIEN, DENIS D

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

6396 RIVER RD

City

NEW SMYRNA BEACH FL

Zip Code

32169

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

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
D.P.
O'BRIEN, DENIS D
6396 RIVER RD
NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

Denise D. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 386-423-3705
Date Daytime Phone #

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

Attachment
Document #
P97000008423

870399

May 21, 2002

HEALTH IN GENERAL, INC.
6396 RIVER ROAD
NEW SMYRNA BEACH, FL 32169

Subject: **HEALTH IN GENERAL, INC.**

Reference Number: **P97000008423**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sm

ANNUAL REPORTS SECTION