

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025596

1. Entity Name

PODIHEALTH CORPORATION

Principal Place of Business

Mailing Address

1815 GRIFFIN RD #203
DANIA FL 33004
US

1815 GRIFFIN RD #203
DANIA FL 33004-2252
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

65-0683786

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

GELLER, STEVEN A ESQ
GELLER, GELLER & GARFINKEL
1815 GRIFFIN ROAD, #403
DANIA FL 33004

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

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 PD ☐ Delete
NAME POLLACK, GEORGE
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD., SUITE 803
CITY-ST-ZIP HALLANDALE-FL 33009

TITLE ☐ Change ☐ Addition
NAME 1815 GRIFFIN RD #203
STREET ADDRESS Dania, FL 33004
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD ☐ Delete
NAME POLLACK, CHARLES
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD., SUITE 803
CITY-ST-ZIP HALLANDALE-FL 33009

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90089 001 ***150.00

950643



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)