## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000041410

Entity Name: HANDS ON HEALTH, INC.

Apr 29, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 189 EDGEWATER BRANCH DR JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 189 EDGEWATER BRANCH DR JACKSONVILLE, FL 32256 FEI Number: 59-3447861 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HESTER, C. SCOTT ESQ 13843 LÓNGS LANDING ROAD EAST JACKSONVILLE, FL 32225 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ).

Election Campaign Financing Trust Fund Contribution ( ).
OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete Title: Title: (X) Change ( ) Addition SUMERFORD, ALLEN MURPHY SUMERFORD, ALLEN MURPHY Name: Name: 189 EDGEWATER BRANCH DR Address: 189 EDGEWATER BRANCH DR Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259 US

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: ALLEN MURPHY SUMERFORD PRES 04/29/2002