

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 -08:00 AM
Secretary of State

DOCUMENT # P97000041528

1. Entity Name
EXTREME HEALTH, INC.



Principal Place of Business

**15946 STATE ROAD 84
SUNRISE, FL 33326**

Mailing Address

**15946 STATE ROAD 84
SUNRISE, FL 33326**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0753230

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARTMAN, BARRY
11960 NW 27TH COURT
PLANTATION, FL 33323**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARTMAN, BARRY
STREET ADDRESS	11960 NW 27TH COURT
CITY- ST- ZIP	PLANTATION, FL 33323
TITLE	TS
NAME	HARTMAN, LINDA
STREET ADDRESS	11960 NW 27TH CT
CITY- ST- ZIP	PLANTATION, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UN0000149047
05/03/04-80171-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry Hartman* **Barry Hartman / Director** 4/30/04 954-349-2633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #