# **2003 FOR PROFIT CORPORATION**

### **UNIFORM BUSINESS REPORT (UBR)** P97000054882

**DOCUMENT #** 1. Entity Name

SOUTHWEST HEALTH, INC.



## **FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90284 034 \*\*\*150.00

						TO WE IN	٧							
Principal Place of Business 7465 BILTMORE DR SARASOTA FL 34231 US			7465	Mailing Address 7465 BILTMORE DR SARASOTA FL 34231 US										
2. Principal P	Place of Busin	ness	3. Mai	3. Mailing Address							i 40111 03191 511	<b>                                    </b>		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City	City & State			<b>4.</b> F	4. FEI Number 65-0762942					oplied For ot Applicable	
Zip Country			Zip		Cour	ntry	5. Certificate of Status Des			Desired	ired S8.75 Additional Fee Required			
	6. Name	nt Registere	Registered Agent				7. Name and Address of New Registered Agent							
TALMADG	E, KEVIN J					Name								
7465 BILT	•					Street Addre	ess (P.O. Bo	ox Number	is Not Ac	ceptable)	) 			
SARASOT	A FL 34231													
						City			<del></del>		FL	Zip Cod	le	
	named entitions of regist	y submits this statement ered agent.	for the purp	oose of changing its	register	ed office or reg	istered age	ent, or both	, in the St	ate of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE.	Signature typed	or printed name of registered age	oot and little if ann	olicable (NOT	F- Registere	d Agent signature rec	ouired when rei	instating)	•		DATE		<del></del>	
<del></del>	Organization 17500		THE COURT OF STREET	1			quired witoritor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
∘ Afteı	r May 1, 200	!! FEE IS \$150.00 )3 Fee will be \$550.0 ) Florida Department		tate				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees						
10.		OFFICERS AN	· · · · · · · · · · · · · · · · · · ·		11.	<del></del>		DITIONS	LIANCES	TO OFFI	CERS AND	DIRECTOR	Q INI 11	
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12 I berebus	ortify that the	information supplied w	ith this filing	door not qualify fo	r the eve	motion stated in	n Soction 1	10.07(2)(i)	Elorido S	Ctatutan I	further portif	that the i	nformation	

The lay denote the mormation supplied with this hing 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:** 

Date

Daytime Phone #