2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059103

1. Entity Name

COMPASS HEALTH INITIATIVES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90111 040 ***158.75

Principal Place of Business	Mailing Address
2455 E SUNRISE BLVD PH-SOUTH FT. LAUDERDALE FL 33304 US	2455 E SUNRISE BLVD PH-SOUTH FT. LAUDERDALE FL 33304-3118 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11950 NW 39th ST	SAME
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc.
City & State Coral Springs, FL	City & State
Zip 33065 / Country USA	Zip / Country

4. FEI Number 65-0766412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRITIKUS, JOY H
2455 E SUNRISE BLVD
PH-SOUTH
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: Ernest N. Burson, III
Street Address (P.O. Box Number is Not Acceptable): 11950 NW 39th ST
Suite D
City: Coral Springs FL Zip Code 33065

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 X [signature] Pres. 4/28/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURSON, ERNEST N 3227 NE 38TH STREET FT. LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2825 CORAL SHORES DR. FORT LAUDERDALE, FL 33306,
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STRITIKUS, JOY H 811 SE 22ND AVE, #11 POMPANO BEACH FL 33062	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: X [signature] Pres. 4/28/00 954-344-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #