2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90626 004 ***150.00

DOCUMENT # P97000075366

1. Entity Name
USA-Integrated Health, Inc.

Principal Place of Business	Mailing Address
	860 SW 22 Street Boca Raton, FL 33486

D0056447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5310 NW 33rd Street			
Suite, Apt. #, etc.: Suite 115		Suite, Apt. #, etc.:	
City & State: Ft. Lauderdale, FL		City & State:	
Zip: 33309	Country: USA	Zip:	Country:

4. FEI Number: 65-0271163 ☐ 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
Harriet Lewis	Name:
	Street Address (P.O. Box Number is Not Acceptable): 700 S. Federal Highway
	Suite 200
	City: Boca Raton, FL 33432 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) ☐

[redacted]

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	President/Treasurer John H. Lewis 860 SW 22 Street Boca Raton, FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Harriet R. Lewis 860 SW 22 Street Boca Raton, FL 33486	☐ 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
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CR2E034 (11/00)

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: John H. Lewis Pres 4/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR