

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098324

1. Entity Name
PATIENTSPACE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90094 025 ***150.00

Principal Place of Business

Mailing Address

~~1141 EMERALD DR~~
~~SINGER ISLAND FL 33404~~

~~1141 EMERALD DR~~
~~SINGER ISLAND FL 33404~~

213 Honeysuckle Dr.
Jupiter, FL 33458

2. Principal Place of Business

3. Mailing Address

213 Honeysuckle Dr.
Suite, Apt. #, etc.

213 Honeysuckle Dr.
Suite, Apt. #, etc.

City & State
Jupiter FL

City & State
Jupiter FL

Zip
33458

Country
USA

Zip
33458

Country
USA

4. FEI Number 65-0792803

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

ALTORK, KATHLEEN
~~1141 EMERALD DR~~
~~SINGER ISLAND FL 33404~~
213 Honeysuckle Dr.
Jupiter, FL 33458

Name
Street Address (P.O. Box Number is Not Acceptable)

City 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 P
NAME ALTORK, KATHLEEN
STREET ADDRESS 686 U.S. HWY 1 STE 301
CITY - ST - ZIP NORTH PALM BEACH FL 33408
213 Honeysuckle Dr.
Jupiter, FL 33458

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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: KATHLEEN M ALTORK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATE ALTORK 4/25/01 776-8335
Date Daytime Phone #

CR2E034 (10/00)