

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90009 028 \*\*\*150.00

DOCUMENT # P97000105191

1. Entity Name

FINANCIAL HEALTH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

7394 MICHIGAN ISLE ROAD  
LAKE WORTH FL 33467

7394 MICHIGAN ISLE ROAD  
LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

2525 Old Okeechobee  
#3

6647 Hypoluxo Rd PMB 304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W Palm Beach FL

Lake Worth FL

Zip

Country

Zip

Country

33409 US

US

33467 US

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERTZ, CHRISTOPHER C  
7394 MICHIGAN ISLE ROAD  
LAKE WORTH FL 33467

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS MERTZ, CHRISTOPHER C  
CITY-ST-ZIP 7394 MICHIGAN ISLE ROAD  
LAKE WORTH FL 33467

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. Mertz CEO

4/17/00 561 242 9021