

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90025 034 \*\*\*150.00

**DOCUMENT # P97000105191**

1. Entity Name

**FINANCIAL HEALTH ASSOCIATES, INC.**

Principal Place of Business

**6542 HYPOLUXO RD  
PMB 304  
LAKE WORTH FL 33467  
US**

Mailing Address

**6542 HYPOLUXO RD  
PMB 304  
LAKE WORTH FL 33467  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2560 S. Ocean Blvd #517  
Suite, Apt. #, etc.**

3. Mailing Address

**2560 S. Ocean Blvd #517  
Suite, Apt. #, etc.**

City & State

**Palm Beach, FL**

City & State

**Palm Beach, FL**

4. FEI Number

**65-0795888**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **PHILIPPE J. BRIAN**

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

**205 WORTH AVENUE SUITE 307C**

City **PALM BEACH**

FL

Zip Code **33480**

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

*Philippe J. Brian*

**PHILIPPE J. BRIAN**

**01-17-02**

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, 2002 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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☒ Change ☐ Addition  
NAME **MERTZ, CHRISTOPHER C**  
STREET ADDRESS **2560 SOUTH OCEAN BLVD #517**  
CITY-ST-ZIP **PALM BEACH FL 33480**

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

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

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

TITLE ☐ Change ☐ Addition  
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 REQUIRED**

**CHRISTOPHER MERTZ**

Date

**(561) 547-3028**

Daytime Phone #