

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90184 017 ***150.00

DOCUMENT # P97000108239

1. Entity Name

YOUR GOOD HEALTH NETWORK, INC.

Principal Place of Business

**1903 SOUTH CONGRESS AVE. SUITE 400
BOYNTON BEACH FL 33426**

Mailing Address

**1903 SOUTH CONGRESS AVE. SUITE 400
BOYNTON BEACH FL 33426**

2. Principal Place of Business

2500 Quantum Lakes Drive

Suite, Apt. #, etc.

Ste. 1000

City & State

Boynton Beach, FL

Zip

33426

Country

USA

3. Mailing Address

2500 Quantum Lakes Drive

Suite, Apt. #, etc.

Ste. 1000

City & State

Boynton Beach, FL

Zip

33426

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0818785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BIVINS, JR., DANIEL W
1903 S. CONGRESS AVE #400
BOYTON BEACH FL 33426**

7. Name and Address of New Registered Agent

Name
Rodger L. Hochman

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

2500 Quantum Lakes Drive, Ste. 1000

City

Boynton Beach

FL

Zip Code

33426

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

Rodger L. Hochman

4/18/01

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	PERSHES, PAUL	
STREET ADDRESS	1903 SOUTH CONGRESS AVE, SUITE 400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KOBRIN, AUTHUR	
STREET ADDRESS	1903 SOUTH CONGRESS AVE, SUITE 400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	PDCE	<input type="checkbox"/> Delete
NAME	PUSATERI, DANA J	
STREET ADDRESS	1903 S. CONGRESS AVE #400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	VASTOLA, DAVID	
STREET ADDRESS	1903 S. CONGRESS AVE #400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, LINDA	
STREET ADDRESS	1903 S. CONGRESS AVE. , STE 400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DEVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kobrin, Arthur P.	
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dana Pusateri

4/18/01

561-742-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)