## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



**FILED** Feb 14, 2003 8:00 am Secretary of State

DOCUMENT # P98000002042  . Entity Name MANGO HEALTH BENEFITS CORPORATION			02-14-2003 90194 048 ***158.75			
e of Business IIXIE HWY 457	STE 304 Jupiter FL 33457 US	Y				
ace of Business	3. Mailing Address					
#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
е	City & State	· ·	4. FEI Number 65-0807416	65-0807416 Not Applicab		
Country	Zip	Country	5. Certificate of Status Desired Fee Required			
- 5- Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registere	d Agent		_
		Name				
BRISKIN, ROBERT A M.D. 1002 S. OLD DIXIE HWY, ST& 304		Street Address	(P.O. Box Number is Not Acceptable)			
<b>79</b> 7:				_		
1		City	•	Zip Code		
. 1	- t - the surpose of abanding	te registered office or registe	ered agent, or both, in the State of Florida. I a	m familiar with, a	nd accept	
inamed entity submits this statement tions of registered agent.	nt for the purpose of changing	, its registered enter a resign	·			
Signature, typed or printed name of registered a	agent and title if applicable. (	NOTE: Registered Agent signature requir	red when reinstating) DA	E		
II F NOW!!! FEE IS:\$150.00	, eggs 3		9. Election Campaign Financing	\$5.00	May Be	·_
k Payable to Florida Departmer	nt of State	·		NID DIDECTORS	VINI 44	
/3		11.	ADDITIONS/CHANGES TO OFFICERS		Addition	ક
P BRISKIN, ROBERT A 1002 S. OLD DIXIE HWY., ST JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. !		25E034 (10/02
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Change	Addition	C
3	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	
5	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
S	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change .	☐ Addition	
	Delete	TITLE NAME STREET ADDRESS		Change	☐ Addition	
	Country  Cou	Mailing Address IXIE HWY  STE 304 JUPITER FL 33457 US  ace of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  G- Name and Address of Current Registered Agent  ROBERT A M.D. LD DIXIE HWY, STE 304  L 33458  named entity submits this statement for the purpose of changing ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  RE ROW!!!* FEE IS:\$150.00  R May 1, 2003 Fee will be \$\$50.00  k Payable to Florida Department of State  OFFICERS AND DIRECTORS  PBRISKIN, ROBERT A  1002 S. OLD DIXIE HWY., STE 304  JUPITER FL 33458  Delete	Mailing Address IXIE HWY  STE 304 JUPITER FL 33457 US  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Tip  Gobern A M.D.  LD DIXIE HWY, STE 304  City  Inamed entity submits this statement for the purpose of changing its registered office or regist jons of registered agent.  Signature, typed or preten large of registered agent and title if applicable.  NOTE: Pergistered Agent signature require  Signature, typed or preten large of registered agent and title if applicable.  NOTE: Pergistered Agent signature require  (NOTE: Pergistered Agent signature require  Signature, typed or preten large of registered agent and title if applicable.  NOTE: Pergistered Agent signature require  Signature, typed or preten large of registered agent and title if applicable.  NOTE: Pergistered Agent signature require  NOTE: Pergistered Agent signature require  Signature, typed or preten large of registered agent and title if applicable.  NOTE: Pergistered Agent signature require  NOT	Mailing Address 102 S. OLD DINE HWY STE 304 JUPTER FL 33457 US ace of Business  S. Mailing Address  F. etc.  Suite, Apt. v. etc.  Cliy 6 State  Country  Zip  Country  Street Address (P.O. Box Number is Not Address of New Registered Agent  To Name Address of New Registered Agent  Street Address (P.O. Box Number is Not Address of New Registered  Name  Note HWY, STE 304 L 33458  City  Faramed entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or both, in the State of Florida. I comes of registered agent, or registered agen	In accord Business  In Mailing Address 100 \$ OLD DIDE HMY STE 304 JUPITER FL SAS7 US  Subor, Apt. #, etc.  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Draw of September of Saste of Floridate of Status Draw of September of Septembe	Address of Business  Mailing Address  1002 S. OLD DOB HWY  STE 304  14. FEI Number 65-0807416  Suns, Add e. etc.  Country  Zig Country  Zig Country  Zig Country  S. Certificate of Salus Desire Fin MAKING CHANGES  4. FEI Number 65-0807416  Not Applicable For Not Applicable For Not Applicable For Required  Fee Required  Fee Required  1. Name  Name  Note HW, STE 304  1. 33458  City 5. State  City 6. State  Country  Zig Country  Zig Country  Zig Country  Street Address (P.O. Box Number is Not Acceptable)  City FL  Zig Code  Country  Street Address (P.O. Box Number is Not Acceptable)  City FL  Zig Code  The Registered Agent, or both, in the State of Florids. I am familiar with, and accept consoleration of registered agent.  Some wide or service agent.  Some wide or service agent.  Some will be \$350000 from the Country  Incit Beginnered Agent service resemble resemble in Country  Some will be \$350000 from the Country  Some will be \$350000 from th

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 2/2/03

SIGNATURE:

Daytime Phone #