2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
09-12-2000 90235 035 ***150.00

DOCUMENT # P98000007309

1. Entity Name

WORLD TELEHEALTH CORPORATION

Principal Place of Business	Mailing Address
2739 US HWY 19 SUITE 550 HOLIDAY, FL 34691	2739 US HWY 19 SUITE 550 HOLIDAY, FL 34691

2. Principal Place of Business	3. Mailing Address
4728 N. HABANA AVENUE	4728 N. HABANA AVENUE
Suite, Apt. #, etc.: SUITE 203	Suite, Apt. #, etc.: SUITE 203
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33614 / Country:	Zip: 33614 / Country:

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593506463 — ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FLORIDA 32301-2525	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 resigning) 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
TITLE: C NAME: WEBER, MATTHEW STREET ADDRESS: 3453 WHITE WILLOW WAY CITY-ST-ZIP: SPRING HILL, FL ☐ Delete	TITLE: SC NAME: 4728 N. HABANA AVENUE, SUITE 203 STREET ADDRESS: TAMPA, FL 33614 CITY-ST-ZIP: ☒ Change ☐ Addition
TITLE: P NAME: MONTZKA, DAN MD STREET ADDRESS: 17 BIRDIE LANE CITY-ST-ZIP: PALM HARBOR, FL ☐ Delete	TITLE: DCMO NAME: 4728 N. HABANA AVENUE, SUITE 203 STREET ADDRESS: TAMPA, FL 33614 CITY-ST-ZIP: ☒ Change ☐ Addition
TITLE: DIR NAME: DEUPREE, DANA MD STREET ADDRESS: 1518 WILLOW BROOK DRIVE CITY-ST-ZIP: PALM HARBOR, FL ☐ Delete	TITLE: D NAME: 4728 N. HABANA AVENUE, SUITE 203 STREET ADDRESS: TAMPA, FL 33614 CITY-ST-ZIP: ☒ Change ☐ Addition
TITLE: O NAME: WILDER, ROBERT W. STREET ADDRESS: 2739 US HWY 19, STE 550 CITY-ST-ZIP: HOLIDAY, FL ☒ Delete	TITLE: CEO NAME: CANON, BARRY STREET ADDRESS: 4728 N. HABANA AVE., SUITE 203 CITY-ST-ZIP: TAMPA, FL 33614 ☐ Change ☒ Addition
TITLE: O NAME: GILLS, JAMES P MD STREET ADDRESS: 43309 US HWY 19 CITY-ST-ZIP: TARPON SPRINGS, FL ☒ Delete	TITLE: VP NAME: HURST, JEFFREY STREET ADDRESS: 4728 N. HABANA AVE., SUITE 203 CITY-ST-ZIP: TAMPA, FL 33614 ☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: D NAME: TANELLA, DEAN STREET ADDRESS: 4728 N. HABANA AVE., SUITE 203 CITY-ST-ZIP: TAMPA, FL 33614 ☐ 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: Jeffrey D. Hurst JEFFERY D. HURST 6/29/00 (813) 998-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #