

P98000011968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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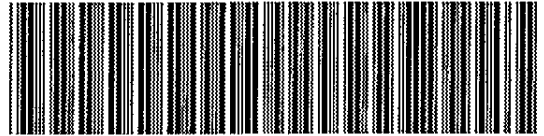
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2002 DEC 27 PM 3:06

R. A. Chongel
WFT
1-8-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERSONAL BEST HEALTH MANAGEMENT, INC.

(Name of corporation)

DOCUMENT NUMBER: P98000011968

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Sierra

(Name of person)

(Name of firm/company)

703 West Swann Avenue

(Address)

Tampa, Florida 33606

(City/state and zip code)

For further information concerning this matter, please call:

Carmen M. Lashley

(Name of person)

at (813) 258-3558

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Personal Best Health Management, Inc.
2. The principal office address: 4021 South MacDill Avenue, Tampa, Florida 33611
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/05/1998 Document number: P98000011968

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Monica L. Sierra

703 West Swann Avenue

Tampa, Florida 33606

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Paul Frizelle

4021 South MacDill Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tampa, Florida 33606

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Paul Frizelle

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

12/23/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS
2002 DEC 27 PM 3:06