

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90126 047 ***550.00

DOCUMENT # P98000015306

1. Entity Name
HEALTH STAT, INC.

Principal Place of Business

462 CORAL COVE DR.
 JUNO BEACH FL 33408

Mailing Address

462 CORAL COVE DR.
 JUNO BEACH FL 33408

6878 Briarlake Cir
Palm Beach Gdns, FL 33418

SAME



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0821391

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

BADE, MARCY

462 CORAL COVE DR. 6878 Briarlake Cir

JUNO BEACH FL 33408 Palm Beach Gdns, FL 33418

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 IN 11

TITLE **D** ☒ Delete
 NAME **BADE, MARCY**
 STREET ADDRESS **462 CORAL COVE DR.**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **D** ☒ Change ☐ Addition
 NAME **BADE, MARCY**
 STREET ADDRESS **6878 Briarlake Cir.**
 CITY-ST-ZIP **Palm Beach Gdns, FL 33418**

TITLE **PVST** ☒ Delete
 NAME **BADE, MARCY**
 STREET ADDRESS **462 CORAL COVE DR.**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **PVST** ☒ Change ☐ Addition
 NAME **BADE, MARCY**
 STREET ADDRESS **6878 Briarlake Cir**
 CITY-ST-ZIP **Palm Beach Gdns, FL 33418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 561-630-0051

CR2E034 (4/02)