

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000056597

1. Entity Name
HEALTHBANC, INC.

04-17-2001 90045 046 ***150.00
P98000056597

FILED

01 MAY -4 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|--|---|
| Principal Place of Business 2727 E. OAKLAND PK. BLVD. SUITE 205F FT. LAUDERDALE FL 33306 | | Mailing Address 201 ALHAMBRA CIRCLE, STE. 801 CORAL GABLES FL 33134 | |
| 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 | | APPLIED FOR | |
| | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SAYET, PETER H 201 ALHAMBRA CIRCLE, STE. 801 CORAL GABLES FL 33134 | | 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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAYET, PETER H 201 ALHAMBRA CIRCLE, STE. 801 CORAL GABLES FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. | | 78 | |
| SIGNATURE: <i>Peter Sayet</i> | | 4-14-01 954-537-3483 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2E034 (10/00)

**HealthBanc, Inc.**

Mailing Address: P.O. Box 480191 • Ft. Lauderdale, FL 33348-0191
Phone (888) 569-3800 • Fax (954) 537-4705

FAXSENT TO: Division of CorporationsATTENTION: Tyrone From: Peter H. SayetFAX NO.: 850-487-6017 NO. PAGES (following): 3PHONE NO: DATE: May 18, 2001RE: CC:Urgent ☒ Review ☐ Reply ☐ For Your InformationComments:

Tyrone:

Enclosed, please find:

- (1) Letter from the Division of Corporations
- (2) HealthBanc Inc. Filing Form
- (3) Fax to IRS for FEI # Application

The IRS said they were behind on the filing time from the standard 24 hours, to as long as 2 weeks. Please process my check in lieu of me forwarding to you the FEI number when I receive it.

Thank You,

Peter Sayet

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

Health Banc, Inc.

2 Trade name of business (if different from name on line 1)

Same.

3 Executor, trustee, "care of" name

N/A

4a Mailing address (street address) (room, apt., or suite no.)

2727 E. Oakland Park Blvd., Ste 205F

5a Business address (if different from address on lines 4a and 4b)

Same

4b City, state, and ZIP code

Ft. Lauderdale, FL 33306

5b City, state, and ZIP code

6 County and state where principal business is located

Broward, Florida7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or TIN may be required (see instructions) ▶ 262-94-3289Andrew Chausser

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ▶ Biological Products☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶Biological Products☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)

Operations slated to start in June

11 Closing month of accounting year (see instructions)

June12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ Not yet started

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶

Nonagricultural

Agricultural

Household

314 Principal activity (see instructions) ▶ Harvesting and selling biological products

15 Is the principal business activity manufacturing?

☐ Yes☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☒ Other (specify) ▶ Pharmaceutical companies☐ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes☐ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(888) 569-3800

Fax telephone number (include area code)

(954) 557-4705

Name and title (Please type or print clearly) ▶

Andrew Chausser, Founder

Signature ▶

Date ▶

May 8, 2001

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying