

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90962 037 \*\*\*150.00

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

**DOCUMENT # P98000062452**

1. Entity Name  
**GLOBAL HEALTH MANAGEMENT, INC.**



Principal Place of Business  
**19311 EAST OAKMONT DRIVE  
MIAMI LAKES FL 33015**

Mailing Address  
**19311 EAST OAKMONT DRIVE  
MIAMI LAKES FL 33015**



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 **65-0855884**

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

**LEOPOLD, NORMAN  
20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA FL 33180**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>CASADEMONT, ANDRES JAVIER</b>	<b>19311 EAST OAKMONT DRIVE MIAMI LAKES FL 33015</b>				
	<b>D</b>	<b>CASADEMONT, MIRIAM</b>	<b>19311 EAST OAKMONT DRIVE MIAMI LAKES FL 33015</b>				

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 of 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.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

305 829 8083

Daytime Phone #

CR2E034 (10/02)