

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000085180**1. Entity Name
OUTCOMES MANAGEMENT EDUCATIONAL WORKSHOPS, INC.

Principal Place of Business

1325 S. CONGRESS AVE., STE. 207

BOYNTON BEACH
33426

FL

Mailing Address

1325 S. CONGRESS AVE., STE. 207

BOYNTON BEACH
33426

FL

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

65-0872528

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HINES KIM AESQ
STEEL HECTOR & DAVIS LLP
1900 PHILLIPS PT. W., 777 S. FALGLER DR W.
W. PALM BEACH FL
33401 US

7. Name and Address of New Registered Agent

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 _____ **05/17/2001**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME POOLE MICHAEL DPH.D.
STREET ADDRESS 6431 FANNIN ST., STE. 6.132
CITY-ST-ZIP HOUSTON FL 770301501TITLE D ☐ Delete
NAME PICHICHERO MICHAEL E.M.D.
STREET ADDRESS 332 LANDING RD S
CITY-ST-ZIP ROCHESTER NY 14610TITLE D ☐ Delete
NAME PICHICHERO FRANK J
STREET ADDRESS 7600 HOLLINGTON PL.
CITY-ST-ZIP LAKE WORTH FL 33467TITLE D ☐ Delete
NAME AURAN MITCHELL D
STREET ADDRESS 888 JEFFREY STREET
CITY-ST-ZIP BOCA RATON FL 33487TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: MITCHELL D AURAN

D

05/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)