

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90123 026 ***150.00

0261947 FP

DOCUMENT # **P98000101659**

1. Entity Name
LOTUS HEALTH CENTER, INC.



Principal Place of Business

~~1410 ROBINHOOD ST~~
SARASOTA FL 34231

Mailing Address

1410 ROBINHOOD ST
SARASOTA FL 34231

J000J024



2. Principal Place of Business

1910 Robinhood St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

SARASOTA FL

City & State

1

4. FEI Number

65-0895754

Applied For

Not Applicable

Zip

Country

34231

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRETT, LISA

~~1910 ROBINHOOD STREET~~

SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1910 ROBINHOOD ST

City **SARASOTA**

FL

Zip Code **34231**

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

Lisa Barrett

LISA BARRETT

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	D	<input type="checkbox"/> Delete
NAME	BARRETT, LISA	
STREET ADDRESS	1910 ROBINHOOD ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1910 ROBINHOOD ST	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

Date

941-927-7242

Daytime Phone #

CR2E034 (10/02)