

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90032 041 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000102547

1. Corporation Name

EUROPEAN HEALTH CONCEPTS, INC.

Principal Place of Business
 3935 CIRCLE LAKE DR
 WEST PALM BEACH FL 33417

Mailing Address
 3935 CIRCLE LAKE DR
 WEST PALM BEACH FL 33417



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1998

4. FEI Number

65-0880800

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 1149 The Pointe DR

2a. Mailing Address

26 1149 The Pointe DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WPB FL

City & State

28 WPB FL

Zip

24 33409

Country

25 US

Zip

29 33409

Country

30 US

9. Name and Address of Current Registered Agent

TODD, KEVIN M
 3935 CIRCLE LAKE DR
 WEST PALM BEACH FL 33417

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TODD, KEVIN M

STREET ADDRESS 3935 CIRCLE LAKE DR

CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ DELETE

NAME CHIEF FINANCIAL OFFICER

STREET ADDRESS 1233 VILLAGE BLVD #102

CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE

NAME PETER ROHSTEIN

STREET ADDRESS CHIEF EXECUTIVE OFFICER

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin M. Todd
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

3/5/99 561-683-5228
 Date Daytime Phone #

CR2E034 (11/98)