

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90359 019 ***150.00

0422682 AV

DOCUMENT # P99000017882

1. Entity Name
CLOUGH COLON HYDROTHERAPY, INC.



Principal Place of Business
**940 S. DIXIE HIGHWAY
LANTANA FL 33462-4653**

Mailing Address
**940 S. DIXIE HIGHWAY
LANTANA FL 33462-4653**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
940 So Dixie

Suite, Apt. #, etc.

3. Mailing Address
FL

Suite, Apt. #, etc.

City & State
Lantana FL

City & State
FL

4. FEI Number
65-0891852

Applied For
 Not Applicable

Zip
33462

Country
FL

Zip
USA

Country
USA

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

**CLOUGH, VIRTEAR T
940 S. DIXIE HIGHWAY
LANTANA FL 33462-4653**

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 *Virtear Clough* **4/18/03**
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	D CLOUGH, VIRTEAR T 940 S. DIXIE HIGHWAY LANTANA FL 33462-4653	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Virtear Clough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/18/03** Daytime Phone #

CR2E034 (10/02)