


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

04-17-2003 90159 028 \*\*\*150.00

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

<b>DOCUMENT # P99000024943</b>			
1. Entity Name <b>TREE OF HEALTH, INC.</b>			
Principal Place of Business 6312 BLACKFOOT TRAIL GRANBURY, TX 76049		Mailing Address 7481 W. OAKLAND PK BLVD. #102 LAUDERHILL, FL 33319	
2. Principal Place of Business		3. Mailing Address <b>9011 Southwest 138<sup>th</sup> Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>B-6</b>	
City & State		City & State <b>Miami, FL</b>	
Zip	Country	Zip	Country
<b>33176</b>		<b>33176</b>	
4. FEI Number <b>65-0904233</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CRAMMER, EDWIN L. 7481 W. OAKLAND PARK BLVD. #102 LAUDERHILL, FL 33319</b>		7. Name and Address of New Registered Agent Name <b>Trudy Crow</b> Street Address (P.O. Box Number is Not Acceptable) <b>9011 Southwest 138<sup>th</sup> Street B-6</b> City <b>Miami</b> FL Zip Code <b>33176</b>	
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 <b>X Trudy Crow</b> Trudy Crow DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	PD CROW, TRUDY 6312 BLACKFOOT TRAIL GRANBURY, TX 76049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROW, LARRY 6312 BLACKFOOT TRAIL GRANBURY, TX 76049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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: <b>X Trudy Crow</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

10075723



☒ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)