

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90284 049 ***150.00

DOCUMENT # **P99000027453**

1. Entity Name
MEN'S HEALTH CENTRE OF NORTH FLORIDA, INC.

| | |
|---|---|
| Principal Place of Business 5569 BOWDEN RD STE 7 5569-7 JACKSONVILLE FL 32216 | Mailing Address 5569 BOWDEN RD STE 7 5569-7 JACKSONVILLE FL 32216 |
|---|---|

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FFI Number **59-3562899** Applied For
 Not Applicable

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

SCARVEY, CAROL
~~5569-7 BOWDEN RD~~ **5569-7 Bowden Rd**
JACKSONVILLE FL 32216

Name
 Street Address (P.O. Box Number is Not Acceptable)
Same as above
 City 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 _____ (NOTE: Registered Agent signature required when re-registering) 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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | SCARVEY, CAROL |
| STREET ADDRESS | 14203 PINE ISLAND DR. Pine Island Dr. |
| CITY-STATE-ZIP | JACKSONVILLE FL 32224 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

| | |
|----------------|--|
| TITLE | V <input type="checkbox"/> Delete |
| NAME | THOMAS, JAMES JR. |
| STREET ADDRESS | 7901 BAYMEADOWS CIR. E #412 |
| CITY-STATE-ZIP | JACKSONVILLE FL 32256 |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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

4-21-01 904-733-3200
 Date Chapter Page 4

CRE034 (10/00)