

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90070 031 ***150.00

DOCUMENT # P99000031737

1. Entity Name
HEALTH RESEARCH PUBLISHING, INC.



Principal Place of Business

**P O BOX 1955
DELRAY BEACH FL 33483**

Mailing Address

**P O BOX 1955
SUITE 705
DELRAY BEACH FL 33483**

90004220



2. Principal Place of Business

**245 NE 4th Ave
Suite, Apt. #, etc.
201**

3. Mailing Address

**245 NE 4th Ave
Suite, Apt. #, etc.
201**

☐ CHECK HERE IF MAKING CHANGES

City & State

Delray Bch FL

City & State

Delray Bch FL

4. FEI Number

65-0913602

Applied For

Not Applicable

Zip

33483

Country

Delm Bch

Zip

33483

Country

Delm Bch

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRUDEN, JAMES L
370 W CAMINO GARDENS BLVD
SUITE 210
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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

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

TITLE **D** ☐ Delete
NAME **ROMANO, PAUL**
STREET ADDRESS **P O BOX 1955**
CITY-ST-ZIP **DELRAY BEACH FL 33447**

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Paul Romano** ☒ Change ☐ Addition
NAME
STREET ADDRESS **245 NE 4th Ave Ste 201**
CITY-ST-ZIP **Delray Bch FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

21-28-2080

Daytime Phone #

CR2E034 (10/02)