

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000032903

FILED
Jan 18, 2002 8:00 AM
Secretary of State

Entity Name: HEALTHY OUTCOMES TECHNOLOGY, INC.

Current Principal Place of Business:

466 SE 31 WAY
MELROSE, FL 32666

New Principal Place of Business:

2153 SE HAWTHORNE RD
SUITE 106
GAINESVILLE, FL 32641

Current Mailing Address:

466 SE 31 WAY
MELROSE, FL 32666

New Mailing Address:

2153 SE HAWTHORNE RD
SUITE 106
GAINESVILLE, FL 32641

FEI Number: 59-3573965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUEGER, SCOTT DAVID
2790 NW 43RD ST., STE. 200
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENN, DOUGLAS
Address: 466 SE 31 WAY
City-St-Zip: MELROSE, FL 32666

Title: V () Delete
Name: KOSBEWICZ, STEPHEN H
Address: 6101 NW 30TH TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: V () Delete
Name: DANKEL, DOUGLAS
Address: 620 SW 75 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KOSTEWICZ, STEPHEN H
Address: 6101 NW 30TH TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN H KOSTEWICZ

V

01/18/2002

Electronic Signature of Signing Officer or Director

Date