

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # P99000040187

1. Entity Name

LIFE ENHANCEMENT INSTITUTE CORP.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90035 001 \*\*\*300.00

Principal Place of Business

4301 N. FEDERAL HWY. #6  
POMPANO FL 33064

Mailing Address

4301 N. FEDERAL HWY. #6  
POMPANO FL 33064-6519

2. Principal Place of Business

4301 N. Fed Hwy #6  
Suite, Apt. #, etc.  
6

3. Mailing Address

4301 N. Fed. Hwy  
Suite, Apt. #, etc.  
6



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-0887009

Applied For  
Not Applicable

Zip

33064

Country

Broward

Zip

33064

Country

Broward

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GITTMAN, ALLAN  
4301 N. FEDERAL HWY, #6  
POMPANO FL 33064

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.

SIGNATURE

Allan Gittman M.D.

3/20/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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          | Medical Director           | <input type="checkbox"/> Delete |
| NAME           | Allan Gittman M.D.         |                                 |
| STREET ADDRESS | 8312 N.E. 27 St.           |                                 |
| CITY-ST-ZIP    | Lighthouse Point, FL 33064 |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allan Gittman M.D.

2-11-00 (954) 941-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)