

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060188

1. Entity Name

TRUE HEALTH CHELATION CENTER, INC.

Principal Place of Business

5 MINNA LN., STE. 201
MERRITT ISLAND FL 32953

Mailing Address

5 MINNA LN., STE. 201
MERRITT ISLAND FL 32953

2. Principal Place of Business

5 MINNA LN.

Suite, Apt. #, etc.

STE 202

City & State

MERRITT ISLAND

Zip

32953

Country

FL

3. Mailing Address

521 ORANGE GROVE AVE.

Suite, Apt. #, etc.

City & State

W. MELBOURNE

Zip

32904

Country

FL

4. FEI Number

59-3584025

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., STE. 505
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name ALIX SCHUSTER

Street Address (P.O. Box Number is Not Acceptable)

521 ORANGE GROVE AVE

City

W. MELBOURNE

FL

Zip Code 32904

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 

ALIX SCHUSTER

01/09/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

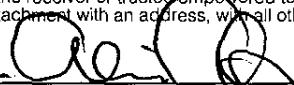
12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUSTER, ALIX 521 ORANGE GROVE AVE. W. MELBOURNE FL 32904	<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
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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

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: 

ALIX SCHUSTER

01/09/2001 (321) 454-4428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #