

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # **P99000060751**

1. Entity Name  
**HEALTHWAVE, INC.**



FILED  
03 DEC 16 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1360 BEACH BLVD  
JACKSONVILLE BEACH FL 32250**

Mailing Address  
**1360 BEACH BLVD  
JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**REINSTATEMENT**  
Number **159-3588315**  
☐ CHECK HERE IF MAKING CHANGES  
Applied For  
Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>GROSS, PATRICIA J</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1360 BEACH BLVD</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>JACKSONVILLE BEACH FL 32250</b>		City	
Zip Code		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>PSTD</b>	<b>GROSS, PATRICIA J</b>	<b>1360 BEACH BLVD.</b>				
		<b>JACKSONVILLE BEACH FL 32250</b>					
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 like empowered.

SIGNATURE: **PATRICIA J. GROSS** **12/11/03** **242-0707**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

**HEALTHWAVE, INC.  
1360 BEACH BOULEVARD  
JACKSONVILLE BEACH, FLORIDA 32250-3447  
904-242-0707**

**December 10, 2003**

**Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314**

**Re: 2003 Uniform Business Report  
Document # P99000060751**

**Dear Ms. Hood:**

**I talked with your office and informed them that I never received the original application for the renewal of my Corporation. Your office informed me that I should write and explain my situation.**

**I am legally blind and operate a small business here in Jacksonville Beach. I try very hard to comply with all regulations and deadlines, especially the renewal of my Corporation. I have help, however, I cannot pay a lot of money for someone to handle my paper work. Either I did not receive the original form or someone destroyed it without my knowledge.**

**Now, I need your help in continuing my operation as I cannot afford to pay more than the original \$150.00 fee for renewal. At one time the State was subsidizing my business, however, I have not had any help from the State since the middle of 2002.**

**Will you help me? I am enclosing my check in the amount of \$150.00 and I trust in God that you will accept my explanation as to the reason this was not complied with on the due date. If you should be in my area, I would like for you to visit my small business and see what I am trying to accomplish without being on a State subsistence program.**

**Sincerely,**

**Patricia Gross APT**

**Patricia J. Gross  
President**