

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068821

1. Entity Name

AWARE-HEALTH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

21209 NE 113TH AVE  
EARLETON FL 32631

P O BOX 143  
EARLETON FL 32631-0143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3592935

Applied For

Not Applicable

5. Certificate of Status Desired.

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDEN, RANDY C  
100 N BISCAYNE BLVD, SUITE 2100  
NEW WORLD TOWER  
MIAMI FL 33132

*Changed*

Name *Phillip S. Tepperberg, D.C.*

Street Address (P.O. Box Number is Not Acceptable)  
*3141 N.W. 13 Street*

City *Gainesville* FL Zip Code *32609*

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

*Phillip S. Tepperberg, D.C.* 4-17-00

Signature, type or printed name of registered agent and jurisdiction, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TEPPERBERG, PHILLIP S	21209 NE 113TH AVE	EARLETON FL 32631	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

700003232877-3  
-05/01/00--01103--002  
\*\*\*300.00 \*\*\*150.00

TS

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:

*Phillip S. Tepperberg, D.C.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

(352) 488-3493  
(352) 372-2468  
Daytime Phone #

FILED  
00 JUN -5 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10000

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)