

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0646992 AT

DOCUMENT # P99000077911

1. Entity Name  
HEALTHESSENTIALS OF FLORIDA P.A.



FILED

03 JAN 16 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2191 9TH AVE NORTH, STE. 100  
ST. PETERSBURG FL 33713

Mailing Address  
9721 ORMSBY STATION RD.  
SUITE 101  
LOUISVILLE KY 40223

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 31-1666506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SO. PINE ISLAND RD.  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 P  
NAME FRASER, MALCOLM M.D. ☐ Delete  
STREET ADDRESS 2191 9TH AVENUE NORTH, STE. 100  
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600010096816  
CITY-ST-ZIP 01/14/03--01103--001 \*\*150.00

TITLE CFO  
NAME PFAADT, NORMAN J ☐ Delete  
STREET ADDRESS 9721 ORMSBY STATION RD., STE. 101  
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Norman Pfaadt

1/7/03 (502) 479-7778

CR2E034 (10/02)