

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092808

1. Entity Name

FINANCIAL HEALTH ASSOCIATES OF PALM BEACH, INC.

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

04-24-2000 90009 029 ***150.00

Principal Place of Business

2525 OLD OKEECHOBEE RD.,STE.3
WEST PALM BEACH FL 33409

Mailing Address

2525 OLD OKEECHOBEE RD.,STE.3
WEST PALM BEACH FL 33409-4139

2. Principal Place of Business

2525 OLD Okeechobee RD Ste 3 -
Suite, Apt. #, etc. 3

3. Mailing Address

6542 Hypoluxo RD.
LAKE WORTH, FL. 33467
Suite, Apt. #, etc. 6542 Hypoluxo RD
#304



DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL

City & State
LAKE WORTH

4. FEI Number
650954423

Applied For
Not Applicable

Zip
33409

Country
Palm Beach

Zip
FL.

Country
Palm Beach

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

MERTZ, CHRISTOPHER C
2525 OLD OKEECHOBEE RD.,STE.3
WEST PALM BEACH FL 33409

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 *Chris Mertz*
Signature, typed or printed name of registered agent and date of signature.

(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	D MERTZ, CHRISTOPHER C 2525 OLD OKEECHOBEE RD.,STE.3 WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERLIN, DAVID 2525 OLD OKEECHOBEE RD.,STE.3 WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael D. Cirullo 2525 OLD Okeechobee RD Ste 3 West Palm Beach FL.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael D. Cirullo 2525 OLD Okeechobee RD Ste 3 West Palm Beach, FL. 33409	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)