

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/2.

DOCUMENT # P99000092817

1. Entity Name

FINANCIAL HEALTH ASSOCIATES OF SOUTH FLORIDA, IN

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90009 030 \*\*\*150.00

Principal Place of Business

Mailing Address

2525 OLD OKEECHOBEE RD.,STE.3  
WEST PALM BEACH FL 334092525 OLD OKEECHOBEE RD.,STE.3  
WEST PALM BEACH FL 33409-4139

2. Principal Place of Business

2525 OLD OKEECHOBEE RD

3. Mailing Address

6542 Hypoluxo Rd

Suite, Apt. #, etc.

# 3

Suite, Apt. #, etc.

# 304

City &amp; State

WEST PALM BEACH, FL

City &amp; State

LAKE WORTH, FL

Zip

33409

Country

PALM BEACH

Zip

33467

Country

PALM BEACH

4. FEI Number

060954424

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Robert S. VERCHICK  
 2525 OLD OKEECHOBEE Rd #3  
 WEST PALM BEACH, FL. 33409

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 561 242 9020  
 Daytime Phone #