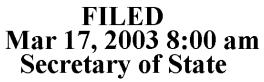
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # S43025 1. Entity Name HEALTHSTYLE MANAGEMENT CO., INC.



03-17-2003 91056 018 ***150.00

						No. of the last						
Principal Place of Business 6001 N OCEAN DR SUITE 1101 HOLLYWOOD FL 33019 US 2. Principal Place of Business			Mailing Address 6001 N OCEAN DR SUITE 1101 HOLLYWOOD FL 33019 US 3. Mailing Address									
<u>,</u>							4		·			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES A FELNumber Applied For				
City & State			City & State				4. F	65-0257307 Not Applica				
Zip		Country	Zip		Coun	try	5. C	Certificate of Status Desired		8.75 Addi ee Required		
	6. Name	and Address of Current F	l Registered	d Agent			7. N	lame and Address of New Re	gistered A	gent		
						Name						
KOSOW, LEE						Street Address (P.O. Box Number is Not Acceptable)						
2275 S OC	FAN READ					··						
305-S PALM BEACH FL 33480						City			FL	Zip Code)	
"the obligation	ons of regist	y submits this statement for ered agent. or printed name of registered agent a	÷ •	·		d Agent signature requ		ent, or both, in the State of Flori	DATE			
After Make Check	May 1, 200	! FEE IS \$150.00 33 Fee will be \$550.00 6 Florida Department of OFFICERS AND.		ne e	11.		AD	9. Election Campaign Fina Trust Fund Contribution. DITIONS/CHANGES TO OFFICE OUTLINES TO OUTLINES TO OFFICE OUTLINES TO OUTLIN		Added	May Be to Fees	
10.	DOT	UPPICENS AND		☐ Delete	TITL				<u></u>	☐ Change	☐ Addition	
NAME STREET ADDRESS	DPT NOBLE, D 15 MARIA NEWTON	OUGLAS B. CIRCLE		. Detete	NAM STRI	1						
TITLE NAME STREET ADDRESS	DS BLANK, M 6001 N C	ARJORIE J. DCEAN DR APT 1101		☐ Delete		ME EET ADDRESS		دمييسد، دورن		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	D KOSOW, 1 2275 S. C	CEAN BLVD., 305S		Delete	TITL NAM STR	E				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PALM BE	AUN FL	100,4	Delete	TITL NAA STR	.E				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		<u></u>	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Alexander and a second	☐ Deléte	CIT	ME REET ADDRESS Y-ST-ZIP	Section	119.07(3)(i), Florida Statutes. I	further cer	Change	Addition Addition	

Indicated on this report or 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:

Daytime Phone #