## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$98629**

1. Entity Name

VIVID MEDICAL HEALTH CLINIC, INC.

## **FILED** Feb 09, 2000 8:00 am Secretary of State

				02-	09-2000 90083 034	150.00	
Principal Place of Business		Mailing Address		_			
6600-31 ST TERR NORTH ST PETERSBURG FL 33710 US		6600-31ST TERR NORTH ST PETERSBURG FL 33710-3110 US			80014367		
9 Origonal D	loss of Divisions	3. Mailing Address					
2. Principal Place of Business		3. Walling Address		_  10011010 116 1016 10170 61170 11710 11710 1771 1771			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	
City & State		City & State		4. FEI Number	59-3101018	<u> </u>	Applied Fo
_Zip ,	Country	ي	Country	*5, Certificate o	of Status Desired	<b>\$8.75</b> A Fee Requi	dditional <sub>s</sub> red
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Registe	red Agent	
			Name				
YANG, VIVID 6600 31ST TER N		Street Address		s (P.O. Box Number is Not Acceptable)			
ST P	ETERSBURG FL 33710						
			City		·	FL Zip Co	ode
8. The above	named entity submits this statement for	r the purpose of changing its r	registered office or regis	stered agent, or both	, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE.	. Registered Agent signature requ	uired when reinstating)	D.	ATE	
	<del></del>		U FFF IS \$150.00				
9. This corpo	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!	!! FEE IS \$150.00 00 Fee will be \$550.0	O Trus	ction Campaign Financing		.00 May led to Fee
9. This corpo	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	00 Fee will be \$550.0 le to Department of S	O Trus State	st Fund Contribution.	☐ Add	led to Fee
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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 discount 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 1 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

Vivid Yang 1/31/2000 (727) 381-3

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #