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## 2000 UNIFORM BUSINESS REPORT (UBR)

	7 JIIII 200.			Fig. 1. First Co.	
DOCUMENT # V02781				FILED	
American Health Alliance			00 SEP 26 PM 4: 26		
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address  2536 Countryside Blvd 2536 Country		vside Blv	d. O.		
Clearwater, FL 33763 Clearwater,					
Principal Place of Business     3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		AME ON THE TO THIS SPACE	
City & State	9	City & State		4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		
	on, R. Maury		Street Add	dress (P.O. Box Number is Not Acceptable)	
	2536 Countryside Blvd. Sixth Floor				
l	ater, FL 33763		City	FL Zip Code	
0 The share		r the purpose of changing its	ragistared office or r	egistered agent, or both, in the State of Florida.	
o. The above	Harried entity submits this statement to	The purpose of changing its		egistered agent, or seat, in the etails of the ear	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agent signature	a required when reinstating) DATE	
A TI:		<b>建设建筑电影中的电影中的</b>	!! FEE IS \$550.00		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so ria on back)	After SEPTEMBER 1 Make Check Payab	3, 2000 Min. will b	e \$750.00 Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDST	🔀 Delete		OP Change Addition	
NAME STREET ADDRESS	Gary R. Boesch 2536 Countryside	plud		Chris York 2536 Countryside Blvd. 6th Floor	
CITY-ST-ZIP	Clearwater, FL	22762		learwater. FL 33763	
TITLE NAME		Delete	NIA RAT	Change X Addition	
STREET ADDRESS			STHEET ADDRESS	Maury R. Thornton	
CITY-ST-ZIP"			GITF-ST-ZII	Clearwater, FL 33763 Change Addition	
TITLE NAME		☐ Delete	TITLE NAME ,		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	500034193155 -10/09/0001105022 *****61.25 *****61.25	
CITY-ST-ZIP		Delete	TITLE	<u>・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・</u>	
NAME	,	bolde	NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
0111-01-211	,				
TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition	
TITLE NAME	,	☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition	
]		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	,	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		
NAME STREET ADDRESS CITY-ST-ZIP	,		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		

GNATURE:

SIGNATURE SIGNATURE and YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Indicated on this report or supplemental proprit is true and accurate and that my gnature 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 truelee empowered to execute this report of 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, within other keep provided.

Gary R. Boesch 09-22-00 (727)726-07-26

Date Date Phone #