

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90144 008 ***158.75

0083785 AV

DOCUMENT # V21003

1. Entity Name
HEALTH WATCH, INC.



Principal Place of Business
**777 YAMATO RD
SUITE 350
BOCA RATON FL 33431**

Mailing Address
**777 YAMATO RD
SUITE 350
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

3 Executive Campus

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd floor, south

City & State

City & State

Cherry Hill, NJ

Zip

Country

Zip

Country

08046

4. FEI Number **65-0317442**

Applied For
Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name **Stuart Sands**
Street Address (P.O. Box Number is Not Acceptable)
**777 Yamato Road
Suite 350
City Boca Raton, FL Zip Code 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **STUART SANDS DIRECTOR OF OPERATIONS** DATE **7/30/03**
(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BATT, MORTEN C 3 EXECUTIVE CAMPUS 2ND FLOOR S CHERRY HILL NJ 08002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAPA, JAMES V 777 YAMATO RD STE#350 BOCA RATON FL 33431 <input checked="" 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, D Richard Brooks 3 Executive Campus, 2nd fl, south Cherry Hill, NJ 08002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Donna Morris 3 Executive Campus 2nd fl, south Cherry Hill, NJ 08002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Rosenfeld 3 Executive Campus, 2nd fl, south Cherry Hill, NJ 08002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raymond Daugherty 3 Executive Campus, 2nd fl, south Cherry Hill, NJ 08002 <input 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donna Morris** DATE **7/29/03** DAYTIME PHONE # **852-461-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Attachment #
10110743
#V21003

July 29, 2003

Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Late fee waiver

To Whom It May Concern:

I would like to take this opportunity to request a late fee waiver for the 2003 Uniform Business Report. We did not receive notice prior to the May 1, 2003 filing due date. I have made corrections on the UBR updating our mailing address. Please make the necessary changes in your records.

Thank you,



Donna Dorris
Chief Financial Officer