## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

11721 VILLAGE LN

## V27749 DOCUMENT #

1. Entity Name

11721 VILLAGE LN

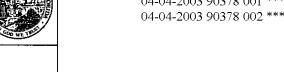
Principal Place of Business

HEALTH FACILITY PUBLISHERS, INC.



## **FILED** Apr 04, 2003 8:00 am § Secretary of State

04-04-2003 90378 001 \*\*\*\*25.00 04-04-2003 90378 002 \*\*\*133.75



JACKSONVILL	.E FL 32223	JACK:	JACKSONVILLE FL 32223  3. Mailing Address						
2. Principal F	Place of Business	3. Ma							
Suite, Apt	, #, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Star	te	City	City & State			4. FEI Number 59-3121563 Applied For Not Applicab			
Zip	Country	, Zip		Country	5.	Certificate of Status Desired		\$8.75 Ad	lditional
	6. Name and Addres	s of Current Registere		7. Name and Address of New Registered Agent					
			Name						
J. MICHAI	EL LINDELL	of <del>Magazia</del> i was	Street Address (P.O. Box Number is Not Acceptable)						
12276 SA	N JOSE BOULEVARD,	SUITE 126		Sileet Addre	355 (P.O. E	ox number is not Acceptable	J		
JACKSON	IVILLE FL 32223					,,			
				City		·-		Zip Cod	
			•	City			FL	Zip Coo	16
the obliga	tions of registered agent.	statement for the purp	ose of changing its	s registered office or reg	istered ag	ent, or both, in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of	registered agent and title if app	licable. (NOT	E: Registered Agent signature red	quired when re	einstating)	DATE		
E Afte	FILE NOW!!! FEE IS \$ or May 1, 2003 Fee will to k Payable to Florida De	e \$550.00		****		9. Election Campaign Final Trust Fund Contribution	_		<b>)0</b> May Be d to Fees
10.	OFF	ICERS AND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERMAN, KENNET 11721 VILLAGE LANE JACKSONVILLE FL	H N.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	S DICKERMAN, JUDITH 11721 VILLAGE LANE JACKSONVILLE FL	Н.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	. يعر ده در	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , e +		· · · · · · · · · · · · · · · · · · ·	Change	Addition .
IITLE NAME STREET ADDRESS SITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
ITLE IAME ITREET ADDRESS DITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Change	☐ Additj∂n
ITLE IAME ITREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
Increhv c	certify that the information s	unnhad with this filing.	anne not auglify for	r tha avamation atotad is	n Saction :	110 D7(2)(i) Clarida Ctatutan L	further east	بالسماة فمسأة باك	

Interest certify that the information supplied with this filing does not quality 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. 904