2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 AM
Secretary of State

DOCUMENT# V30666

Entity Name: PRECISION HEALTH CONCEPTS, INC.

Current Principal Place of Business:

WINTER PARK MEMORIAL HOSPITAL
200 N LAKEMONTE AVE
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 917543
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 59-3117624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORNER, LARRY W
337 RINGWOOD CIR
WINTER SPRINGS, FL 32708

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HORNER, LARRY
Address: 337 RINGWOOD CIRCLE
City-St-Zip: WINTER SPRINGS, FL

Title: S ( ) Delete
Name: WILLIAMS, DEBBIE
Address: 101 HOLLOW BRANCH ROAD
City-St-Zip: APOPKA, FL

Title: VP ( ) Delete
Name: WILLIAMS, KEVIN
Address: 101 HOLLOW BRANCH ROAD
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY HORNER P 02/13/2002

Electronic Signature of Signing Officer or Director Date