2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 AM
Secretary of State

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Entity Name: MEDICAL HELP INTERNATIONAL, INC.

Current Principal Place of Business:

4607 BRIDGEDALE ROAD
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

4607 BRIDGEDALE ROAD
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3734922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, H.C.
2702 MASSACHUSETTS AVE #140
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

ALLEN, H.C.
4607 BRIDGEDALE ROAD
PENSACOLA, FL 32505 US

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: HULON CHARLES ALLEN 07/04/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALLEN, H.C.
Address: 2702 MASSACHUSETTS AVE #140
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: ALLEN, ROBIN
Address: 2702 MASSACHUSETTS AVE #140
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: TRAN, MIA
Address: 10831 SW 158 ST
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: COLEMAN, BETTY
Address: 1608 NORTH
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: GRAFE, GWYN
Address: 2815 SW 4 PL
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLEN, H.C.
Address: 4607 BRIDGEDALE ROAD
City-St-Zip: PENSACOLA, FL 32505

Title: V (X) Change ( ) Addition
Name: ALLEN, ROBIN
Address: 4607 BRIDGEDALE ROAD
City-St-Zip: PENSACOLA, FL 32505

Title: D (X) Change ( ) Addition
Name: TRAN, MIA
Address: 109 HONEY SUCKLE LANE
City-St-Zip: SUMMERVILLE, SC 29485

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HULON CHARLES ALLEN P 07/04/2002
Electronic Signature of Signing Officer or Director Date