

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000116954**1. Entity Name
HEALTHCHECK USA, INC.

Principal Place of Business 4111 NORTH LOCKWOOD RIDGE ROAD SARASOTA FL 342345558	Mailing Address 4111 NORTH LOCKWOOD RIDGE ROAD SARASOTA FL 342345558
--	--

2. Principal Place of Business 8700 CROWNHILL RD. Suite, Apt. #, etc. SUITE 506 City & State SAN ANTONIO TX Zip 78209	3. Mailing Address 8700 CROWNHILL RD. Suite, Apt. #, etc. SUITE 506 City & State SAN ANTONIO TX Zip 78209
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered AgentSMITH JOHN
4111 NORTH LOCKWOOD RIDGE ROAD

SARASOTA FL 342345558**7. Name and Address of New Registered Agent**Name
VAUGHAN GEORGE BCEO
Street Address (P.O. Box Number is Not Acceptable)
1765 GULFSTAR DR. SOUTH
#503
City
NAPLES FL Zip Code
34112

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.

SIGNATURE **GEORGE VAUGHAN****08/08/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEGREGORIO JOSEPH	
STREET ADDRESS	4111 NORTH LOCKWOOD RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL 342345558	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH JOHN	
STREET ADDRESS	4111 NORTH LOCKWOOD RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL 342345558	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN GEORGE B	
STREET ADDRESS	8700 CROWNHILL RD., SUITE 506	
CITY-ST-ZIP	SAN ANTONIO TX 78209	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George B. Vaughan

CEO

08/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)