

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90202 009 \*\*\*150.00

**DOCUMENT # S48080**

1. Entity Name

**INTRX HEALTHCARE CORPORATION**

Principal Place of Business

**2826 ESPLANADE AVE  
STE. A  
NEW ORLEANS LA 70119**

Mailing Address

**2826 ESPLANADE AVE  
STE. A  
NEW ORLEANS LA 70119**

**B0132643**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-1187991**

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

**CELANO, JOSEPH**

**157 MARINE STREET**

**205**

**ST. AUGUSTINE FL 32084**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>CELANO, JOSEPH</b>			
	<b>2826 ESPLANADE AVE</b>			
	<b>NEW ORLEANS LA 70119</b>			
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	<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

CR2E034 (4/02)

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-25-02**

Date

**504-283-1300**

Daytime Phone #

Attachment  
Dt# 348080



Intrix.  
HealthCare

2826 Esplanade Ave  
Suite A  
New Orleans, LA 70119  
504.488.5600  
Fax 504.488.5258

July 24, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

We did not receive the original 2002 Uniform Business Report. This is the first form we received from your office for 2002. We received this current form on July 10, 2002. Please accept our payment of \$150.00 as payment in full for 2002. If you need any additional information or have any questions, you may contact me at 504-283-1300.

Sincerely,

A handwritten signature in cursive script that reads "Lori Vinsanau".

Lori Vinsanau  
Office Administrator