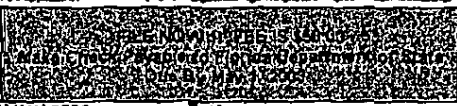
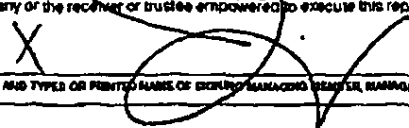


FILED
Jun 20, 2003 8:00 am
Secretary of State

5/1

05-13-2003 90015 046 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000027381					
1. Entity Name RENAISSANCE HEALTH PUBLISHING, LLC					
Principal Place of Business 1900 GLADES ROAD, SUITE 441 BOCA RATON, FL 33431			Mailing Address 1900 GLADES ROAD, SUITE 441 BOCA RATON, FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
2p		Country	Zip		Country
4. FEI Number 71-0905424				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCRENCI, STEPHEN W 3200 N MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when it is changed.)					
					
9. MANAGING MEMBERS/MANAGERS					
TITLE	member MGMR ☐ Delete				
NAME	JAMES DI GEORGIA				
STREET ADDRESS	708 Coguna Way				
CITY-ST-ZIP	Boca Raton, FL 33432				
TITLE	member MGMR ☐ Delete				
NAME	David Nicholas				
STREET ADDRESS	3201 NE 3rd Ave				
CITY-ST-ZIP	Highway Point, FL 33441				
TITLE	member MGMR ☐ Delete				
NAME	Don Mahoney				
STREET ADDRESS	395 Fairway Drive				
CITY-ST-ZIP	Miami Beach, FL 33141				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Employer Phone #					

44004840

☐ CHECK HERE IF MAKING CHANGES

CR-2003 (10/02)