

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000107164

FILED
Apr 29, 2003
Secretary of State

Entity Name: HOME TELEMEDICINE COMPANY

Current Principal Place of Business:

210 S FEDERAL HWY SUITE 402
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

210 S FEDERAL HWY SUITE 402
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 69-0005333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JOHN II
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH, FL 33401 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLLACK, GEORGE
Address: 210 S FEDERAL HWY #402
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP () Delete
Name: GELITZ, JEFFREY
Address: 210 S FEDERAL HWY #402
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GALITZ, JEFFREY
Address: 210 S FEDERAL HWY #402
City-St-Zip: HOLLYWOOD, FL 33020

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: GEORGE POLLACK

VP

04/29/2003

Electronic Signature of Signing Officer or Director

Date