

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90114 017 \*\*\*150.00

**DOCUMENT # P01000112847**

1. Entity Name  
**HEALTH COMPUTER TOOLS, INC.**

Principal Place of Business  
**7220 NW 36 ST.  
 STE 207  
 MIAMI FL 33168**

Mailing Address  
**7220 NW 36 ST.  
 STE 207  
 MIAMI FL 33168**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address

City & State

Zip

Zip

Country

4. FEI Number **65-1156430**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MEDINA, HENRY E  
 7184 W 30 LN  
 HIALEAH FL 33018**

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.

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 \$150.00**  
**After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MEDINA, HENRY E	7184 W 30 LN	HIALEAH FL 33018	<input type="checkbox"/>
VPD	MEDINA, HENRY J	7184 W 30 LN	HIALEAH FL 33018	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

**HENRY MEDINA**  
**6/26/02**

Date Daytime Phone #

CR2E034 (9/01)