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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000096656
 1. Entity Name
 DIGITAL HEALTH INC.

FILED

02 AUG 16 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000007425280--0
-08/29/02--01046--006
****150.00 ****150.00
DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
 Paseo de la Castellana
 Suite, Apt. #, etc.

3. Mailing Address
 701 Brickell Ave.
 Suite, Apt. #, etc.
 Suite 3000

City & State
 162 Madrid, Spain

City & State
 Miami, Florida

Zip Country Zip Country
 33131

4. FEI Number
 98-0233402

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
 Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)
 701 Brickell Avenue
 Suite 3000

City Miami FL Zip 33131

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.
INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE 
 Signature, typed or printed name of registered agent and title if applicable (No DTC 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)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	PSD Agramunt, Luis Felipe Av. Rivadavia 2553 1ro Piso Oficina 18 (3000) Santa Fe, Republica Argentina
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ojeda, Mariano Alberto Av. Rivadavia 2553 1ro Piso Oficina 18 (3000) Santa Fe, Republica Argentina
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 

CR2E034B (12/01)

Law Offices

HOLLAND & KNIGHT LLP

701 Brickell Avenue, Suite 3000
P.O. Box 015441 (ZIP 33101-5441)
Miami, Florida 33131

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August 15, 2002

MATI INFANTE
(305) 789-7455

Florida Secretary of State
Attn: Mr. Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: *2002 Uniform Business Report for Digital Health Inc.*

Dear Mr. Toner:

Attached to this letter is the Uniform Business Report for Digital Health Inc. along with the \$150.00 filing fee. Our client has informed us that they never received the original report or the second notice. Presumably, it was sent to the Spain address. The correct mailing address for the corporation should be 701 Brickell Avenue, Suite 3000, Miami, FL 33131. We would greatly appreciate it if you could waive the late fee for this filing. Thank you for your consideration.

Best regards,


Mati Infante
Legal Assistant

/mli

cc: Frances Faigenblat, Esq.

Enclosures