

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

182

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

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2. Principal Place of Business

Paseo de la Castellana

3. Mailing Address

701 Brickell Ave.

Suite, Apt. #, etc.

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

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

33131

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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

BY: STEVEN HAGEN, VP

(If OTC, Registered Agent signature required when eliminating)

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

305-374-8500
FAX 305-789-7799
www.hklaw.com

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* Representative Office	

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