## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0100008536 1. Entity Name HEALTHCARE INTERACTIVE SOLUTIONS, LLC

APPRUNEL 2002 90059 005 \*\*\*\*50.00 L01000008536

02 JUL 24 AM 9: 25

SECRETARY OF STATES

Principal Place of Business  528 S. NORTH LAKE BOULEVARD. SUITE 1000 ALTAMONTE SPRINGS FL 32701			Mailing Address 528 S. NORTH LAKE BOULEVARD. SUITE 1000 ALTAMONTE SPRINGS FL 32701						••		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			5.图	Number 7/1	<u> </u>		Applied For	
Zip Country			Zip	try	5. Cer	tificate of Status Desired		\$5.00 #	Not Applicab	e	
	6. Name and Address	of Custom Bools	toned & comb	<u></u>				_	Fee Requ	ired	
		.or.current negta	tered Agent			7. Nen	ne and Address of New	Registered	Agent		コ
VOLTINI PETERDIALI					Name						
KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE MAITLAND FL 32751			00		Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Co	ode	-
8. The above	named entity submits this	statement for the n	urnose of changing its	ropietara					<u></u>		4
SIGNATURE		• '						lorida.			
	Signature, typed or printed name of re	egistered agent and title if	applicable. (NOTE	: Registered	Agent signature assume	ownon reinstal	ling)	DATE			1
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			Make Check Pa Due	yable to By Ma	Department of 1, 2002	of State			•	,-	
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<ol> <li>I hereby ce indicated a</li> </ol>	rtify that the information sup	plied with this filing	does not qualify for th	e exemp	tion stated in Sect	tion 119.07	(3)(i) Floride Statutes 14	udbor parik		<del></del>	

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 608, Florida Statutes.

SCHOOL SECTIONS