

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED

AND
FILED

05-15-2002 90059 005 *****50.00
L01000008536

0027294

DOCUMENT # L01000008536

1. Entity Name

HEALTHCARE INTERACTIVE SOLUTIONS, LLC

02 JUL 24 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

43-1952402

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND FL 32751

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ROBERT A. DRAZEN 3242 TALA LOOP LONGWOOD, FL 32779	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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.

SIGNATURE

SIGNATURE REQUIRED

CR2E083 (9/01)