2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -6 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007948

1. Entity Name
THE HIPAA COMPLIANCE INSTITUTE OF AMERICIA, INC.

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DRIVE STE 959 MIAMI, FL 33126	5201 BLUE LAGOON DRIVE STE 959 MIAMI, FL 33126

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o NOEL J. GUILLAMA Suite, Apt. #, etc. 929 CEDAR COVE ROAD
City & State	City & State WELLINGTON FL
Zip / Country	Zip 33414 / Country USA

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUILLAMA, NOEL ~~5201 BLUE LAGOON DRIVE STE 959~~ ~~MIAMI, FL 33126~~	Name Street Address (P.O. Box Number Is Not Acceptable) 929 CEDAR COVE ROAD City WELLINGTON FL Zip Code 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/27/2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUILLAMA, NOEL J ~~1702 TERRACE DRIVE EAST~~ ~~LAKE WORTH, FL 33460~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 929 CEDAR COVE ROAD WELLINGTON, FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JESSE, DAVID 27876 BELGRAVE ROAD PEPPER PIKE, OH 44124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000018845430 05/13/03--01061--025 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINBERG, GREGG 536 CHARLEMAGNE DRIVE NORTHBROOK, IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DIRECTOR 4/27/2003 561-248-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #