

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90626 001 ***635.00

DOCUMENT # P00000007987

1. Entity Name
INTERNET HEALTHCARE SOLUTIONS, INC.

Principal Place of Business
**460 BUSINESS PARKWAY
 SUITE G
 ROYAL PALM BEACH FL 33411**

Mailing Address
**460 BUSINESS PARKWAY
 SUITE G
 ROYAL PALM BEACH FL 33411**

40860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**12230 FOREST HILL BLVD.
 Suite, Apt. #, etc.
 SUITE 110-S**

3. Mailing Address
SAME AS # 2
 Suite, Apt. #, etc.

City & State
Wellington FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33411 Country
USA

Zip Country

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 J
 460 BUSINESS PARKWAY
 SUITE G
 ROYAL PALM BEACH FL 33411**

Name

Street Address (P.O. Box Number is Not Acceptable)
12230 FOREST HILL BLVD

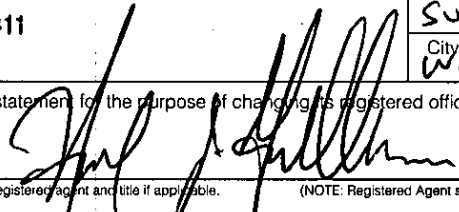
SUITE 110-S

City
Wellington

FL

Zip Code
33411

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
4/23/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GUILLAMA, NOEL J**
 STREET ADDRESS **460 BUSINESS PARKWAY, SUITE G**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
 NAME **NOEL J. GUILLAMA**
 STREET ADDRESS **12230 FOREST HILL BLVD.**
 CITY-ST-ZIP **WELLINGTON, FL 33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)