

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0034057 AV

DOCUMENT #	P00000009670
1. Entity Name	MICRO HEALTH SYSTEMS INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 16 AM 8:00

Principal Place of Business 7407 DOVER LANE PARKLAND FL 33067	Mailing Address 7407 DOVER LANE PARKLAND FL 33067
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2. Principal Place of Business 7620 Hyannis Lane Suite, Apt. #, etc.	3. Mailing Address 7620 Hyannis Lane Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

MRS

City & State Parkland FL	City & State Parkland, FL
Zip 33067	Zip 33067
Country	Country

4. FEI Number 65-1042267	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARNES, ROBERT 7407 DOVER LANE PARKLAND FL 33067

7. Name and Address of New Registered Agent Name Terri Cmorey Street Address (P.O. Box Number is Not Acceptable) 2842 Kelly Brook Lane City Deerfield Beach FL Zip Code 33442

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 [Signature]	DATE
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FILE NOW!!! FEE IS \$550.00. After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CMOREY, TERRI 2842 KELLY BROOK LANE DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, ROBERT 7407 DOVER LANE PARKLAND FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023116165 09/16/03--01088--002 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: [Signature]	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Terri Cmorey	Date Sept 4, 2003	Daytime Phone # 954-785-6493
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CR2E034 (4/03)