

2001 UNIFORM BUSINESS REPORT (UBR)

2/3/01-90057-024-\$150.00-\$150.00
 * 9/18/01-90013-033-\$550.00-\$550.00

DOCUMENT # POQ000022237			
1. Entity Name MEDIBETIC HEALTH SYSTEMS, INC.			
Principal Place of Business 12955 BISCAYNE BLVD., STE. 202 NORTH MIAMI FL 33181		Mailing Address 12955 BISCAYNE BLVD., STE. 202 NORTH MIAMI FL 33181	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0992221		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARSCH, BARRY J ESQ. 12955 BISCAYNE BLVD., STE. 202 NORTH MIAMI FL 33181		7. Name and Address of New Registered Agent Name Yuval Levy Street Address (P.O. Box Number is Not Acceptable) 2101 West Atlantic Boulevard, #110 City Pompano Beach FL Zip Code 33069	
(B) 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 DATE 11-7-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WARSCH, BARRY J 12955 BISCAYNE BLVD., STE. 202 NORTH MIAMI FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP D - Yuval Levy 2101 West Atlantic Boulevard, #110 Pompano Beach, FL 33069	
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	
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	
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	
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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 all other like empowered.			
SIGNATURE: SIGNATURE REQUIRED <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

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