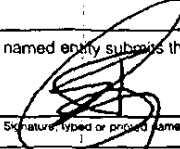
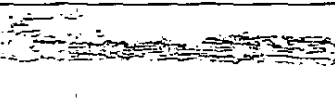



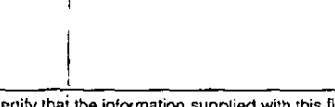


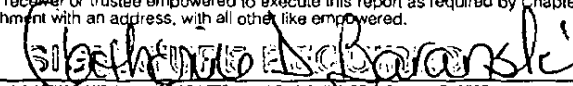


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

07-31-2001 90230 018 ***150.00

DOCUMENT # P00000061991			
1. Entity Name INFINITE HEALTH, INC.			
Principal Place of Business 5115 NORTHWEST 99TH WAY CORAL SPRINGS FL 33067		Mailing Address 5115 NORTHWEST 99TH WAY CORAL SPRINGS FL 33067	
2. Principal Place of Business 4621 N. University Dr.		3. Mailing Address c/o B. D. Green	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 600 S. Andrews Ave., #400	
City & State Coral Springs, FL		City & State Fort Lauderdale, FL	
Zip 33067	Country USA	Zip 33301	Country USA
4. FEI Number 65-1020421		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 FILENGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132		7. Name and Address of New Registered Agent Name Bruce D. Green Street Address (P.O. Box Number is Not Acceptable) 600 South Andrews Avenue, #400 City Fort Lauderdale, FL Zip Code 33301	
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 		Bruce D. Green DATE 07-26-01	
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARANSKI, RONALD 5115 NORTHWEST 99TH WAY CORAL SPRINGS 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Pres Baranski, Catherine 5115 NW 99th Way Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, SCOTT 4621 N. University Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, LISA 4621 N. University Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" 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	
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: 		7/10/01 954-796-0060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

CR02034 (5/01)

Attachment 11332

LAW OFFICES OF

Bruce D. Green, P.A.

P00000061991

BRUCE D. GREEN

BOARD CERTIFIED AVIATION LAWYER

July 19, 2001

Uniform Business Reports
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32302-1500

Re: Infinite Health, Inc.
1002 Uniform Business Report

To Whom It May Concern:

Enclosed herein you will find the 2001 Uniform Business Report, along with my trust account check in the amount of \$150.00 for filing fees in this regard.

The Notice of Late filing received is the first report received by Infinite Health Inc. The initial reports which were mailed have apparently been lost as they were never received.

In light of the foregoing, I ask, on behalf of my client, that late filing penalties and fees be waived in light of the error in mailing.

Thank you for your prompt attention in this regard.

Very truly yours,


Bruce D. Green

BDG:jdf
Enclosure

Attachment 11332
LAW OFFICES OF

Bruce D. Green, P.A.

BRUCE D. GREEN
BOARD CERTIFIED AVIATION LAWYER

August 7, 2001

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Infinite Health, Inc.
Reference No. P00000061991

To Whom It May Concern:

Enclosed herein you will find the 2001 Uniform Business Report, with the corrections made. Please process this at your earliest opportunity.

Thank you for your prompt attention in this regard.

Very truly yours,

Bruce D. Green /s/
Bruce D. Green

BDG:jdf
Enclosures