

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099704

1. Entity Name  
MYHEALTHPRO.COM, INC.

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90262 016 \*\*\*150.00

Principal Place of Business  
660 LINTON BLVD., STE. 204  
DELRAY BEACH FL 33444

Mailing Address  
660 LINTON BLVD., STE. 204  
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address  
777 East Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 135

City & State

City & State  
Delray Beach FL

Zip

Country

Zip  
33483

Country

4. FEI Number

65-0964704

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

FL TAX MAN, INC  
JEFFREY A. SCHNEIDER, MST  
4944 N. UNIVERSITY DR.  
LAUDERHILL FL 33351-5748

Steve Dinerman  
777 Est Atlantic Ave  
Suite 135  
Delray Beach FL 33483

Name  
Steven Dinerman

Street Address (P.O. Box Number is Not Acceptable)

777 Est Atlantic Ave

Suite 135

City  
Delray Beach

FL

Zip Code  
33483

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 Steve Dinerman

(NOTE: Registered Agent signature required when reinstating)

2-13-01

DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Steven Dinerman  
777 Est Atlantic Ave Suite 135  
Delray Beach FL 33483 ☐ 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

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

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: Steve Dinerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-01

Date

561-243-8915

Daytime Phone #

CR2E034 (10/00)