

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # P00000099704**

1. Entity Name  
**MYHEALTHPRO.COM, INC.**

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

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



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number

**65-0964704**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33483**

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

~~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**

*[Signature]*

**2-13-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	<b>President</b> <b>Steven Dinerman</b> <b>777 Est Atlantic Ave Suite 135</b> <b>Delray Beach FL 33483</b>	<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

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
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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-13-01**

Date

**561-243-8915**

Daytime Phone #

CR2E034 (10/00)