

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90071 015 \*\*\*150.00

0091102 AV

DOCUMENT # **P00000099704**

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



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

Mailing Address  
**777 E ATLANTIC AVE #135  
DELRAY BEACH FL 33483**



2. Principal Place of Business  
**1032 16th St**

3. Mailing Address  
**1602 Alton Rd**

Suite, Apt. #, etc.  
**7**

Suite, Apt. #, etc.  
**#523**

CHECK HERE IF MAKING CHANGES

City & State  
**Miami Beach FL**

City & State  
**Miami Beach FL**

4. FEI Number **65-0964704**

Applied For  
 Not Applicable

Zip  
**33139**

Country

Zip  
**FL**

Country  
**33139**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DINERMAN, STEVE  
777 E ATLANTIC AVE #135  
DELRAY BEACH FL 33483**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1032 16th St #7**  
City **Miami Beach FL** Zip Code **33139**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>DINERMAN, STEVEN</b>	<b>777 E ATLANTIC AVE #135</b>	<b>DELRAY BEACH FL 33483</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>1032 16th St #7</b>	<b>Miami Beach FL 33139</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-28-03 561-7024908**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment

86134986

P00000099704

MyHealthpro.com  
1602 Alton RD, Ste 523  
Miami Beach FL 33139

072803

To Whom it may concern,

Due to the fact that MyHEalthpro.com has had both a physical and mailing address change as of 08/01/02 , we have not been receiving much of our mail. We are requesting the late fee be waived in that we did not receive the first (prior) notice. We are enclosing a check in the amount of \$150.00. Please contact me at 1-305-532-3655 with any questions.

Yours Truly,  
Steve Dinerman  
President  
MyHealthPro.com

