

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
**P
DINERMAN, STEVEN
777 E ATLANTIC AVE #135
DELRAY BEACH FL 33483** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1032 16th St #7
Miami Beach FL 33139** ☒ 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

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

Date Daytime Phone #

7-28-03 561-7024908

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

