2003 FOR PROFIT CORPORATION

Jul 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P00000099704 DOCUMENT # 07-31-2003 90071 015 ***150.00 1. Entity Name MYHEALTHPRO.COM, INC. Principal Place of Business Mailing Address 777 E ATLANTIC AVE #135 660 LINTON BLVD., STE. 204 DELRAY BEACH FL 33444 **DELRAY BEACH FL 33483** 2. Principal Place of Business 032 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4., FEI Number - 65-0964704 Applied For City & State Mismi Beach ? Mirmi Beach Not Applicable Country 139 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DINERMAN, STEVE Address (P.O. Box Number is Not Acceptable) 777 E ATLANTIC AVE #135 **DELRAY BEACH FL 33483** City Beaul 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Addition TITLE ☐ Delete DINERMAN, STEVEN 1032 16487 47 NAME NAME 777 E ATLANTIC AVE #135 STREET ADDRESS STREET ADDRESS Mann, Brach FL 33239 **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME _ == STREET ADDRESS STREET ADDRESS

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 addres

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

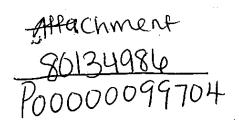
☐ Delete

☐ Delete

CR2E034 (4/03)

☐ Addition

☐ Addition



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

072803

ì

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

Show