

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 **33-139**

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
	DINERMAN, STEVEN	777 E ATLANTIC AVE #135	DELRAY BEACH FL 33483	<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
		1032 16th St #7	Miami Beach FL 33139	<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

