

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000111259

Entity Name: PROMD.COM, INC.

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

## Current Principal Place of Business:

225 S TROPICAL TR. #305  
MERRITT ISLAND, FL 32952

## New Principal Place of Business:

708 BROADOAK LOOP  
LAKE FOREST, FL 32771

## Current Mailing Address:

225 S TROPICAL TR. #305  
MERRITT ISLAND, FL 32952

## New Mailing Address:

708 BROADOAK LOOP  
LAKE FOREST, FL 32771

FEI Number: 59-3688475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARKEY & FOWLER, P.A.  
410 W MERRITT AVE  
MERRITT ISLAND, FL 32953

## Name and Address of New Registered Agent:

MARKEY & FOWLER, P.A.  
25 MCLEOD STREET  
MERRITT ISLAND, FL 32953

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: JOSHUA B HELMAN MD

04/23/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HELMAN, JOSHUA B MD  
Address: 225 S TROPICAL TR. #305  
City-St-Zip: MERRITT ISLAND, FL 32952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: HELMAN, JOSHUA B MD  
Address: 708 BROADOAK LOOP  
City-St-Zip: LAKE FOREST, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA B. HELMAN MD

DR.

04/23/2002

Electronic Signature of Signing Officer or Director

Date