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**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90156 043 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000042822**

1. Entity Name

HEALTH INNOVATIONS GROUP INC

Principal Place of Business

104 NE 4TH AVE.  
DELRAY BEACH FL 33483

Mailing Address

104 NE 4TH AVE.  
DELRAY BEACH FL 33483

99630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-1096082

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERINSKY, ALAN H

104 NE 4TH AVE.

DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **ALAN H. SERINSKY, PRES.** ☐ Delete  
 STREET ADDRESS **104 NE 4TH AVE**  
 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
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TITLE NAME ☐ Delete  
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 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 and have signed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address which is the same as my own.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)

Attachment # P01000042822

**Health Innovations Group, Inc.** 99630

104 NE 4<sup>th</sup> Avenue • Delray Beach, FL 33483  
Telephone 1-561-279-2100 • Facsimile 1-561-279-4279

August 30, 2002


Division Of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Health Innovations Group Inc P01000042822

Please accept the attached annual report/uniform business report with FEI number: 65-1096082, without a late penalty. Your pardon would be greatly appreciated.

If you have any questions, please call (561) 279-2100. Thank you.

Sincerely,



Denise Liota Phillips  
Health Innovations Group, Inc.