2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P02000020155

Entity Name: ENERLOOK HEALTH CARE SOLUTIONS, INC.

Current Principal Place of Business:

1601 CLINT MOORE ROAD
BOCA RATON, FL 334872747

New Principal Place of Business:

550 W CYPRESS CREEK RD.
SUITE 120
FT LAUDERDALE, FL 33309

Current Mailing Address:

1601 CLINT MOORE ROAD
BOCA RATON, FL 334872747

New Mailing Address:

550 W CYPRESS CREEK RD.
SUITE 120
FT LAUDERDALE, FL 33309

FEI Number: 04-3603959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVENUE 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZOI, MIKE
Address: 500 W CYPRESS CREEK ROAD SUITE 770
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: DUBROVSKY, EDWARD
Address: 210 BRANNAN STREET #17J
City-St-Zip: SAN FRANCISCO, CA 94107

Title: D ( ) Delete
Name: NOVAK, PETER
Address: MOZAARTSTRAATT 20
City-St-Zip: 2018 ANTWERP, BELGIUM,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ZOI, MIKE
Address: 550 W CYPRESS CREEK ROAD SUITE 120
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: NOVAK, PETER
Address: 550 W CYPRESS CREEK ROAD SUITE 120
City-St-Zip: FORT LAUDERDALE, FL 33309

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: MIKE ZOI D 05/01/2003

Electronic Signature of Signing Officer or Director — Date