

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -6 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131056

1. Entity Name  
**RENAISSANCE HEALTH SYSTEMS, INC.**



Principal Place of Business  
5201 BLUE LAGOON DR. - PENTHOUSE  
MIAMI, FL 33136

Mailing Address  
5201 BLUE LAGOON DR. - PENTHOUSE  
MIAMI, FL 33136

2. Principal Place of Business

3. Mailing Address

90 NOEL J. GUILLAMA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

929 CEDAR COVE ROAD

City & State

City & State

WELLINGTON FL

Zip

Country

Zip

33414

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number

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

GUILLAMA, NOEL J  
5201 BLUE LAGOON DR. - PENTHOUSE  
MIAMI, FL 33136

Name

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

929 CEDAR COVE ROAD

CITY WELLINGTON

FL

Zip Code 33414

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

4/27/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 D  Delete  
NAME GUILLAMA, NOEL J  
STREET ADDRESS 5201 BLUE LAGOON DR. - PENTHOUSE  
CITY-ST-ZIP MIAMI, FL 33136

TITLE  Change  Addition  
NAME 929 CEDAR COVE ROAD  
STREET ADDRESS WELLINGTON FL 33414  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME SUSAN D. GUILLAMA, D  
STREET ADDRESS 929 CEDAR COVE ROAD  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME 900018838279  
STREET ADDRESS 05/19/03--01055--030 \*\*1050.00  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME AR516  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/27/2003 561-248-0029

CR2E034 (10/02)