

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

Country

33414

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)