

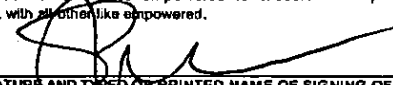
FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90169 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80077102

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000038615			
1. Entity Name INNOVA HEALTH, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1200 UNIVERSITY BLVD Suite, Apt. #, etc. SUITE 101 City & State JUPITER, FL Zip 33458		3. Mailing Address 1200 UNIVERSITY BLVD Suite, Apt. #, etc. SUITE 101 City & State JUPITER, FL Zip 33458	
Country PALM BEACH		Country PALM BEACH	
4. FEI Number 65-0489791		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name ALVIN PONCE DE LEON			
Street Address (P.O. Box Number is Not Acceptable) 1200 UNIVERSITY BLVD			
SUITE 101			
City JUPITER		FL Zip Code 33458	
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 _____ DATE _____ Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME SUBHASH KAPUR STREET ADDRESS 1200 UNIVERSITY BLVD, 101 CITY-ST-ZIP JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME HAROLD BERNSTEIN STREET ADDRESS 1200 UNIVERSITY BLVD, 101 CITY-ST-ZIP JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4.803 561-674-1243	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2034B (12/02)