## 2003 FOR PROFIT CORPORATION

## FILED Feb 27, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State P96000019738 **DOCUMENT #** 02-27-2003 90143 037 \*\*\*150.00 1. Entity Name HEALTH MONITORING SERVICES OF AMERICA, INC. Mailing Address Principal Place of Business 6893 SW 18TH ST 6893 SW 18TH ST **STE F203** STE F 203 **BOCA RATON FL 33433 BOCA RATON FL 33433** US 3. Mailing Address 2. Principal Place of Business 68535W 1817 51. 6853 SW 1877ST ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. \* et Suite, Apt. #, etc. Applied For STe. M 201 4. FEI Number 65-0646831 Not Applicable City & State BOCA RATON \$8.75 Additional Zip 334<u>33</u> 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PRAGER, MARTIN 14 ROYAL PALM WAY #405 City **BOCA RATON FL 33432** 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 8. The above name d/entity d agent. the obligations (NOTE: Registered Agent signature required when reinstating) SIGNATURE V \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! EEE 18 \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Rayable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS . 🔲 Addition Change 10. TITLE ☐ Defete TITLE NAME PRAGER, MARTIN S NAME STREET ADDRESS 14 ROYAL PALM WAY #405 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition CITY-ST-ZIP ☐ Change TITLE . ☐ Delete ≍ TITLE -----NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition CITY-ST-ZIP ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information that 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if CITY-ST-ZIP 12. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver er like empowered. address, with all changed, or on an attachr fient wit

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS