

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000040179**1. Entity Name
HEALTHSIGHT, INC.

Principal Place of Business

P.O. BOX 14-3976

CORAL GABLES
331143976

FL

Mailing Address

P.O. BOX 14-3976

CORAL GABLES
331143976

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0676363

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ HENRY
12793 OLD CUTLER ROADCORAL GABLES
33156

US

FL

Name

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

City

FL

Zip Code

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.

SIGNATURE **HENRY ALVAREZ, MD****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/S ☐ Delete
NAME ALVAREZ ILIDA N
STREET ADDRESS 12793 OLD CUTLER ROAD
CITY-ST-ZIP CORAL GABLES FL 33156TITLE V/S ☒ Change ☐ Addition
NAME ALVAREZ ILIDA R
STREET ADDRESS 12793 OLD CUTLER ROAD
CITY-ST-ZIP CORAL GABLES FL 33156TITLE P ☐ Delete
NAME ALVAREZ HENRY
STREET ADDRESS 12793 OLD CUTLER ROAD
CITY-ST-ZIP CORAL GABLES FL 33156TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Henry Alvarez, MD**

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)