

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000040179

Entity Name: HEALTHSIGHT, INC.

FILED
Apr 20, 2003
Secretary of State

Current Principal Place of Business:

P.O. BOX 14-3976
CORAL GABLES, FL 331143976

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14-3976
CORAL GABLES, FL 331143976

New Mailing Address:

FEI Number: 65-0676363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVAREZ, HENRY
12793 OLD CUTLER ROAD
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

ALVAREZ, HENRY
PO BOX 14-3976
CORAL GABLES, FL 33114 US

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

04/20/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, HENRY
Address: 12793 OLD CUTLER ROAD
City-St-Zip: CORAL GABLES, FL 33156

Title: V/S (X) Delete
Name: ALVAREZ, ILIDA R
Address: 12793 OLD CUTLER ROAD
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, HENRY
Address: PO BOX 14-3976
City-St-Zip: CORAL GABLES, FL 33114 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY ALVAREZ MD

P

04/20/2003

Electronic Signature of Signing Officer or Director

Date