

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091778

1. Entity Name

HOUSE DOCTORS NETWORK, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90123 026 \*\*\*150.00

Principal Place of Business 4181 N.W. FIRST AVE STE. 10 BOCA RATON FL 33431 US	Mailing Address 4181 N.W. FIRST AVENUE SUITE 10 BOCA RATON FL 33431-4266
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2. Principal Place of Business 1113 WALLACE DRIVE Suite, Apt. #, etc.	3. Mailing Address 1113 WALLACE DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DELRAY BEACH FL	City & State DELRAY BEACH FL	4. FEI Number 65-0706617	Applied For Not Applicable
Zip 33444	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAULDREE, AARON N 4181 N.W. FIRST AVENUE SUITE 10 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name AARON BAULDREE Street Address (P.O. Box Number is Not Acceptable) 1113 WALLACE DRIVE City DELRAY BEACH FL Zip Code 33444
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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 Aaron Bauldree AARON BAULDREE 4/26/2000  
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAULDREE, AARON N 11 COLONIAL CLUB DR., #101 BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Aaron Bauldree AARON BAULDREE 4/26/2000 (561) 995-6789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)