

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080059

1. Entity Name

DISEASE MANAGEMENT SYSTEMS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90047 015 ***150.00

Principal Place of Business

Mailing Address

C/O MARSHA G. MADORSKY, ESQUIRE
 2665 SOUTH BAYSHORE DRIVE
 MIAMI FL 33133

1865 BRICKELL AVE
 A712
 MIAMI FL 33129-1633
 US

2. Principal Place of Business

3. Mailing Address

6099 HOLLYWOOD BLVD

6099 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State

City & State

HOLLYWOOD FL

HOLLYWOOD FL

Zip

Country

Zip

Country

33024

USA

33024

USA

4. FEI Number

APPLIED FOR

65-0793194

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

MADORSKY, MARSHA G ESQ
 C/O MARSHA G. MADORSKY, ESQUIRE
 2665 SOUTH BAYSHORE DRIVE
 MIAMI FL 33133

Name JEFFREY ROTHSTEIN D.O.

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

6099 HOLLYWOOD BLVD

SUITE A

City HOLLYWOOD

FL

Zip Code 33024

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

JEFFREY ROTHSTEIN D.O.

4/24/00

Signature type 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, 2000 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 Delete
 NAME P ROTHSTEIN, JEFFREY
 STREET ADDRESS 1865 BRICKELL AVE APT A712
 CITY-ST-ZIP MIAMI FL 33133

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME S HENSON, JAMES H
 STREET ADDRESS 1121 SW 75TH TERR
 CITY-ST-ZIP PLANTATION FL 33317

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME T ZELLER, KATHLEEN
 STREET ADDRESS 10211 E CYPRESS CT
 CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEFFREY ROTHSTEIN

4/24/00

(954) 963-6530

Date

Daytime Phone #

CR2E034 (9/99)