

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90259 015 ***150.00

DOCUMENT # P98000007977

1. Entity Name
ELECTRONIC HEALTHCARE SOLUTIONS, INC.

Principal Place of Business

6765 SUNSET STRIP
SUITE 6 & 7
FORT LAUDERDALE FL 33313

Mailing Address

18152 CLEARBROOK CIR
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

16302 69th St North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Loxohatchee

City & State

City & State

Loxohatchee, FL

Zip

Country

Zip

Country

33411

4. FEI Number

65-0906442

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANZALONE, PETER J
18152 CLEARBROOK CIR
BOCA RATON FL 33498

Name

Anzalone, Peter J

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

16302 69th St North

City

Loxohatchee

FL

Zip Code

33411

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 **Peter J Anzalone**

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

(NOTE: Registered Agent signature required when reinstating)

4/11/02

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, 2002 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 **P** ☐ Delete
NAME **ANZALONE, PETER J**
STREET ADDRESS **18152 CLEARBROOK CIR**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **P** ☒ Change ☐ Addition
NAME **Anzalone, Peter J**
STREET ADDRESS **16302 69th St North**
CITY-ST-ZIP **Loxohatchee, FL 33411**

TITLE **ST** ☐ Delete
NAME **ANZALONE, MURINE A**
STREET ADDRESS **18152 CLEARBROOK CIR**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **ST** ☒ Change ☐ Addition
NAME **Anzalone, Murine A**
STREET ADDRESS **16302 69th St North**
CITY-ST-ZIP **Loxohatchee, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Peter J Anzalone

4/11/02

954-572-2824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)