

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000007977

FILED  
Apr 09, 2003  
Secretary of State

**Entity Name:** ELECTRONIC HEALTHCARE SOLUTIONS, INC.

## Current Principal Place of Business:

6765 SUNSET STRIP  
SUITE 6 & 7  
FORT LAUDERDALE, FL 33313

## New Principal Place of Business:

16302 69TH STREET NORTH  
LOXAHATCHEE, FL 33470

## Current Mailing Address:

16302 69 STREET NORTH  
LOXAHATCHEE, FL 33411

## New Mailing Address:

16302 69TH STREET NORTH  
LOXAHATCHEE, FL 33470

**FEI Number:** 65-0906442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

ANZALONE, PETER J  
16302 69 STREET NORTH  
LOXOHATCHEE, FL 33411

## Name and Address of New Registered Agent:

ANZALONE, PETER J  
16302 69TH STREET NORTH  
LOXOHATCHEE, FL 33470

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:

04/09/2003

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANZALONE, PETER J  
Address: 16302 69 STREET NORTH  
City-St-Zip: LOXOHATCHEE, FL 33411

Title: ST ( ) Delete  
Name: ANZALONE, MURINE A  
Address: 16302 69 STREET NORTH  
City-St-Zip: LOXOHATCHEE, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANZALONE, PETER J  
Address: 16302 69TH STREET NORTH  
City-St-Zip: LOXOHATCHEE, FL 33470

Title: ST (X) Change ( ) Addition  
Name: ANZALONE, MURINE A  
Address: 16302 69TH STREET NORTH  
City-St-Zip: LOXOHATCHEE, FL 33470

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: PETER J ANZALONE

P

04/09/2003

Electronic Signature of Signing Officer or Director

Date