

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90003 005 ***150.00

DOCUMENT # F00000001896

1. Entity Name
INTERNET-PHYSICIANS ONLINE.COM, INC.

Principal Place of Business ONE COMMERCE CENTER 12TH AND ORANGE STREET WILMINGTON DE 19899-0511	Mailing Address ONE COMMERCE CENTER 12TH AND ORANGE STREET WILMINGTON DE 19899-0511
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2. Principal Place of Business 808 CYPRESS BOULEVARD Suite, Apt. #, etc. SUITE 303 City & State POMPANO BEACH, FLORIDA	3. Mailing Address 808 CYPRESS BOULEVARD Suite, Apt. #, etc. SUITE 303 City & State POMPANO BEACH
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DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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, 2001 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 : <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	PCD JOHR, MARGA ONE COMMERCE CENTER, 12TH AND ORANGE WILMINGTON DE 19899-0511	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	808 CYPRESS BLVD # 303 POMPANO BEACH, FL 33069
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	VD GRAY, ROBERT ONE COMMERCE CENTER, 12TH AND ORANGE WILMINGTON DE 19899-0511	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	ST GRAY, HARRY ONE COMMERCE CENTER, 12TH AND ORANGE WILMINGTON DE 19899-0511	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	D JOHR, BERNARDO ONE COMMERCE CENTER, 12TH AND ORANGE WILMINGTON DE 19899-0511	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	D NACCARATO, EMANUEL ONE COMMERCE CENTER, 12TH AND ORANGE WILMINGTON DE 19899-0511	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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] [Signature] [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)