

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90328 030 ***150.00

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1. Entity Name
PHYSICIAN PROFILES.COM, INC.

Principal Place of Business 16075 SIMS ROAD #203 DELRAY BEACH FL 33484 US	Mailing Address 16075 SIMS ROAD #203 DELRAY BEACH FL 33484 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **04-3507548** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, RICHARD P
2455 E. SUNRISE BLVD.
SUITE 905
FORT LAUDERDALE FL 33304

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
D VNUK, MONIKA A 6 SUTHERLAND ROAD BRIGHTON MA 02135	<input type="checkbox"/>		<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Monika A. VNUK*

4/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)