

05-06-2002 90185 049 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P00000089969

**1. Entity Name**  
 EPREScribe, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 110 E. Broward Blvd.  
 Suite, Apt. #, etc.  
 17th Floor  
 City & State  
 Ft. Lauderdale, FL

**3. Mailing Address**  
 110 E. Broward Blvd.  
 Suite, Apt. #, etc.  
 17th Floor  
 City & State  
 Ft. Lauderdale, FL

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
 65-1042818

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
 Sherwin P. Simmons, P.A.  
**Street Address (P.O. Box Number is Not Acceptable)**  
 200 S. Biscayne Blvd.  
**Suite**  
 Suite 4000  
**City**  
 Miami **FL** **Zip Code**  
 33131

**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**

Signature, typed 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)

**January 1 - May 1 Fee is: \$150.00**  
**After May 1 Fee is: \$550.00**  
**Amended UBR is: \$61.25**  
**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**

**TITLE**  
 D/P  
**NAME**  
 Vincent K. Chhabra  
**STREET ADDRESS**  
 110 E. Broward Blvd.  
**CITY - ST - ZIP**  
 Ft. Lauderdale, FL 33301

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
 Chairman/Vice President  
**NAME**  
 Naresh Chhabra  
**STREET ADDRESS**  
 110 E. Broward Blvd  
**CITY - ST - ZIP**  
 Ft. Lauderdale, FL 33301

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
 Secretary/Treasurer  
**NAME**  
 Sabina K. Faruqi  
**STREET ADDRESS**  
 110 E. Broward Blvd.  
**CITY - ST - ZIP**  
 Ft. Lauderdale, FL 33301

**TITLE**  
**NAME**  
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**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 on an attachment with an address, with all other like employees.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Vincent K. Chhabra, President

Date

Optional Phone #

CR2E034B (12/01)