

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90185 048 ***150.00

DOCUMENT # P00000090018

1. Entity Name

SAFEWEBMEDICAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
110 E. Broward Blvd.

3. Mailing Address
110 E. Broward Blvd.

Suite, Apt. #, etc.
17th Floor

Suite, Apt. #, etc.
17th Floor

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33301

Country

Zip
33301

Country

4. FEI Number
65-1042817

Applied For
Not Applicable

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

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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 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 resigning)

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P Vincent K. Chhabra 110 E. Broward Blvd. Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman/Vice President Naresh Chhabra 110 E. Broward Blvd. Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Sabina K. Faruqui 110 E. Broward Blvd. Ft. Lauderdale, FL 33301
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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)(f), 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:

Vincent K. Chhabra, President

Date

Daytime Phone #

CR2E034B (12/01)