

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 13 AM 11:35

DOCUMENT # P00000090018  
1. Entity Name **AMENDED**  
SAFEWEBMEDICAL, 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 Zip 33301 Country USA		3. Mailing Address 110 E. Broward Blvd. Suite, Apt. #, etc. 17th Floor City & State Ft. Lauderdale, FL Zip 33301 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1042817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Boulevard  
Ste. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Chhabra, Vincent K. 110 E. Broward Blvd., 17FL Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 empowered.

SIGNATURE:   
Vincent K. Chhabra, President

11/08/02

Date Daytime Phone #

CR2E034B (12/01)