2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # F99000004952 EMEDICINE.COM. INC. 05-03-2001 90997 011 ***150.00 Principal Place of Business Mailing Address 875 PASADENA AVENUE SOUTH, SUITE C 875 PASADENA AVENUE SOUTH, SUITE C ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 47-08 122 15 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLANTZ, SCOTT H DR. Street Address (P.O. Box Number is Not Acceptable) 875 PASADENA AVENUE SOUTH, SUITE C ST. PETERSBURG FL 33707 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CD TITLE ☐ Delete Change ■ Addition TITLE THOMAS HARRISON PLANTZ, SCOTT H NAME NAME CO DAS 437 MADISON AVE. 875 PASADENA AVENUE SOUTH, SUITE C STREET ADDRESS STREET ADDRESS NEW YORK, NY 10022 CITY-ST-ZIP ST. PETERSBURG FL 33707 CITY-ST-ZIP PD D TITLE ☐ Delete ☐ Change Addition GERARD A NEMMANN NAME ADLER, JONATHAN NAME lo COMMUNICA DE 875 PASADENA AVENUE SOUTH, SUITE C STREET ADDRESS STREET ADDRESS 437 MASISON AVE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10011 ST. PETERSBURG FL 33707 ☐ Delete Change TITLE TITLE Addition NAME BEREZIN, JEFF NAME CRAIG BURSON COHIC CAPITAL STREET ADDRESS 875 PASADENA AVENUE SOUTH, SUITE C STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33707 CITY-ST-ZIP MIAMI FL 33131 TCFO ☐ Delete AS TITLE TITLE X Addition Change CHARLES B. BOEHRER NAME ADLER, ELISE NAME C/O WINSTON + STRAWN 35 W WACKER DR STREET ADDRESS 875 PASADENA AVENUE SOUTH, SUITE C STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33707 CHICAGO IL 60601 TITLE ☐ Delete TITLE Change Addition NAME VANDENACK, JOSEPH R NAME STREET ADDRESS 875 PASADENA AVENUE SOUTH, SUITE C STREET ADDRESS CITY-ST-ZIE ST. PETERSBURG FL 33707 CITY-ST-7IP AS **X** Delete TITLE TITLE ☐ Change ☐ Addition PARISH, LAURA NAME NAME STREET ADDRESS 875 PASADENA AVENUE SOUTH, SUITE C STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33707 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of 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 received 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 at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

727-343-9445

Daytime Phone #