

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000077271**1. Entity Name
MEDICBUTTON, INC.

Principal Place of Business

1431 CAPRI LANE
SUITE 5205
WESTON
33326

FL

Mailing Address

1431 CAPRI LANE
SUITE 5205
WESTON
33326

FL

2. Principal Place of Business

P.O. BOX 266256

3. Mailing Address

P.O. BOX 266256

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON

FL

City & State

WESTON

FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33326

Country

Zip

33326

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KNEE JOEL S
1431 CAPRI LANE
SUITE 5205
WESTON
33326

FL

7. Name and Address of New Registered Agent

Name

KNEE JOEL S

Street Address (P.O. Box Number is Not Acceptable)

3475 N COUNTRY CLUB DR

SUITE 605

City

AVENTURA

FL

Zip Code
33180

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)

04/25/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	<input type="checkbox"/> Delete
NAME	KNEE JOEL S	
STREET ADDRESS	P.O. BOX 266256	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGRI JEFFREY A	
STREET ADDRESS	P.O. BOX 266256	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGRI JOHN F	
STREET ADDRESS	P.O. BOX 266256	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNES JEFFREY A	
STREET ADDRESS	P.O. BOX 266256	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: Joel S. Knee

D

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)