

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

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90001 028 \*\*\*550.00

DOCUMENT # P00000077271

1. Entity Name

MEDICBUTTON, INC. ✓

**DO NOT WRITE IN THIS SPACE**

974975

2. Principal Place of Business  
3475 N. COUNTRY CLUB DR

3. Mailing Address  
3475 N. COUNTRY CLUB DR

Suite, Apt. #, etc.  
605

Suite, Apt. #, etc.  
605

City & State  
AVENTURA, FL

City & State  
AVENTURA, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip  
33180

Country  
USA

Zip  
33180

Country  
USA

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 KNEE, JOEL S.

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

3475 N. COUNTRY CLUB DR, #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)

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

KNEE, JOEL S. - DIRECTOR  
3475 N. COUNTRY CLUB DR, #605  
AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

HENNES, JEFFREY A. - DIRECTOR  
PO BOX 266256  
FT LAUDERDALE, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

EGRI, JOHN, F. - DIRECTOR  
1428 VICTORIA ISLE DR.  
WESTON, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 duly empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02

Date

Daytime Phone #

CR2E034B (12/01)