

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 13 AM 11:35

DOCUMENT # P00000090043

1. Entity Name

**AMENDED**

MEDPRESCRIBE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

110 E. Broward Blvd.

110 E. Broward Blvd.

Suite, Apt. #, etc.  
17th Floor

Suite, Apt. #, etc.  
17th Floor

DO NOT WRITE IN THIS SPACE

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33301

USA

33301

USA

4. FEI Number

65-1042816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**DO NOT WRITE  
IN THIS SPACE**

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  
D/P/S/T  
Chhabra, Vincent K.  
STREET ADDRESS  
110 E. Broward Blvd., 17FL  
CITY- ST- ZIP  
Ft. Lauderdale, FL 33301

TITLE  
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100008961251  
11/13/02--01020--020 \*\*61.25

**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 like empowerment.

SIGNATURE:

Vincent K. Chhabra, President

Date

Daytime Phone #

CR2E034B (12/01)