

# 2000 UNIFORM BUSINESS REPORT (UBR)

Amendment

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -8 PM 1:28

DOCUMENT # **P98000101448**

1. Entity Name

**WEB Medical Services.com, Inc.**

Principal Place of Business

**11077 Biscayne Blvd #302  
N. Miami, FL 33161**

Mailing Address

**Same**

2. Principal Place of Business

**N. Miami Florida  
Suite, Apt. #, etc.  
302**

3. Mailing Address

**11077 Biscayne Blvd.  
Suite, Apt. #, etc.  
302**

City & State

**N. Miami Florida  
Zip  
33161  
Country  
USA**

City & State

**N. Miami Florida  
Zip  
33161  
Country  
USA**

4. FEI Number

**680879327**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**JEFF CUNNINGHAM**

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

**11077 Biscayne Blvd #302**

City

**N. Miami**

FL

Zip Code

**33161**

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)

**June 17, 2000**

DATE

**FILE NOW:**

**FEE IS \$61.25**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be

Added to Fees

**Make Check Payable to**

**Department of State**

10. OFFICERS AND DIRECTORS

**Pres. Burton Feinerman** ☒ Delete  
**11077 Biscayne Blvd. #302**  
**N. Miami, FL 33161**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**JEFF A. Cunningham** ☐ Change ☒ Addition  
**11077 Biscayne Blvd. #302**  
**N. Miami, FL 33161**

**Pres. Edward F. Martin** ☐ Change ☒ Addition  
**11077 Biscayne Blvd. #302**  
**N. Miami, FL 33161**

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Secretary June 17, 2000 502-664-1635**

CR2E037 (9/99)