

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021605

1. Entity Name

MYMEDIC.COM, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90312 001 *1,111.25

Principal Place of Business

Mailing Address

2300 PALM BEACH LAKES BLVD., STE. 210
W. PALM BEACH FL 33409

2300 PALM BEACH LAKES BLVD., STE. 210
W. PALM BEACH FL 33409-3304

2. Principal Place of Business

3. Mailing Address

2300 Palm Beach Lakes Blvd 2300 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

City & State

W. Palm Bch, FL

W. Palm Bch, FL

Zip

Country

Zip

Country

33409

Palm Bch

33409

Palm Bch.

4. FEI Number

65-0908816

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

SENGER, JEFF

2300 PALM BEACH LAKES BLVD., STE. 210
W. PALM BEACH FL 33409

Name

David Bovi P.A.

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

319 Clematis St Suite 812

City

W. Palm Bch.

FL

Zip Code

33401

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SENGER, JEFF
STREET ADDRESS 2300 PALM BEACH LAKES BLVD., STE. 210
CITY-ST-ZIP W. PALM BEACH FL 33409

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-2000 561-616-3342

CR2E034 (9/99)