2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State
06-23-2000 90105 036 ***558.75

DOCUMENT # P99000025429

1. Entity Name
MEDICAL TODAY.COM, INC.

Principal Place of Business	Mailing Address
1712 NE 39TH ST. FT. LAUDERDALE, FL 33334	1712 NE 39TH ST. FT. LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
777 So. FLAGLER DR.	777 So. FLAGLER DR
Suite, Apt. #, etc. 903	Suite, Apt. #, etc. 903
City & State WEST PALM BEACH, FL.	City & State WEST PALM BEACH, FL.
Zip 33401 Country PALM BEACH	Zip 33401 Country PALM BEACH

4. FEI Number 65-0901615 ☐ 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
JOSEPH DIPALMA 1712 NE 39TH ST. FT. LAUDERDALE, FL. 33334	Name LEE HENDELSON Street Address (P.O. Box Number is Not Acceptable) 777 So. FLAGLER DR. SUITE # 903 City WEST PALM BEACH 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: _____ 6/20/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSEPH DIPALMA ☒ Delete D 1712 NE 39TH ST. FT. LAUDERDALE, FL. 33334	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID B. THORNBURGH A/D 426 W. SAN MARINO DR. MIAMI BEACH, FL 33169-1136 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SARA GOMEZ T/D 262 WORTH CT. S. WEST PALM BEACH, FL 33405 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CARLA FERRO S/D 262 WORTH CT. S. WEST PALM BEACH, FL 33405 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDREA FERRARI VP/D 205 EDNOR RD. WEST PALM BEACH, FL 33405 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ SARA GOMEZ, 6/20/00, 561-366-8901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #