2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900000202				FILED May 22, 2001 8:00 am
Medic Networks.com, Inc.				Secretary of State 05-22-2001 90039 033 ***150.00
Principal Place of Business 1609 Humpton Court Safety Har bor, FL 34695				
2. Principal	Place of Business Hapk Chase Dr	3. Mailing Address	ple. Chase Dr.	770017 DO NOT WRITE IN THIS SPACE
	Raton FL	City & State Boca Rat	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59 - 3591451 Applied For Not Applicable
334°	G. Name and Address of Current F	33498 Registered Agent	Country	5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent
160	an McGhie 9 Hampton Co		Street Address (7. Name and Address of New Registered Agent Charles De
8. The above	named entity submits this statement for	the purpose of changing its		ed agent, or both, in the State of Florida.
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 20 Make Check Payab	IFFE IS \$150.00 01 Fee will be \$550.00 le to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
ITLE IAME TREET ADDRESS ITY-ST-ZIP	OFFICERS AND D	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition Change Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE AME. TREET ADORESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME TREET ADORESS TY+ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
3. 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. **IGNATURE:** **SCRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR* **Daw** **Chapter Phone**				

0)487-6013

05/01/01 14:04 Fl Dept of State p1 /1

Attackment # P99000066

SEAN MCGHIE

5/01/01 CORPORATE DETAIL RECORD SCREEN 1:40 PM

NUM: P99000066202 ST:FL ACTIVE/FL PROFIT FLD: 07/26/1999

FEI#: 59-3591451

NAME : MEDICNETWORKS.COM, INC.

PRINCIPAL: 1609 HAMPTON COURT

ADDRESS SAFETY HARBOR, FL 34695

RA NAME : MCGHIE, SEAN

RA ADDR : 1609 HAMPTON COURT

SAFETY HARBOR, FL 34695

ANN REP : (2000) AY 05/31/00

5/01/01 OFFICER/DIRECTOR DETAIL SCREEN 1:40 PM

CORP NUMBER: P99000066202 CORP NAME: MEDICNETWORKS.COM, INC.

TITLE: PD NAME: MCGHIE, SEAN

1609 HAMPTON COURT

SAFETY HARBOR, FL 34695

TITLE: VPSD NAME: GREENBERG MCGHIE, MELISSA

1609 HAMPTON COURT

SAFETY HARBOR, FL 34695

---- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----