

**LEGISLATIVE #**

**120414B**

# GENERAL PROJECT OVERVIEW

\_\_\_\_\_  
RegisterPatient.com, Inc.

Name of Business

\_\_\_\_\_  
Project Triage

Project Title or Code Name (1-5 word description)

## FOR EFI USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Revised

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
EFI Project Number

Contact Enterprise Florida to discuss your project and application **before** submitting a formal proposal. The completed and signed application must be filed with:



**The Atrium Building, Suite 201 • 325 John Knox Road  
Tallahassee, Florida 32303**

**Phone: 850.298.6620 • Fax: 850.298.6659**

<http://www.eflorida.com/>

# GENERAL PROJECT OVERVIEW

## 1. BUSINESS INFORMATION

**A. Legal Name of Applicant:** Registerpatient.com INC  
*This should be the entity that will be party to the QTI agreement with the State of Florida. If multiple affiliates are involved in job creation and/or paying taxes, include an attachment listing affiliate name(s), Federal Employer Identification Number(s), Unemployment Compensation Number(s) and relationship to applicant.*

**B. Mailing Address:** 227 SW 4<sup>th</sup> Ave  
*Street Address*  
 Gainesville FL 32601  
*City State Zip Code*

**C. Name of Parent Company:**

**D. Primary Business Unit Contact:** David Williams  
**Title:** CEO - Founder

**Mailing Address:** 227 SW 4<sup>th</sup> Ave  
*Street Address*  
 Gainesville FL 32601  
*City State Zip Code*

**Telephone:** 352-745-3993 **Fax:**  
**Email:** david@registerpatient.com **Website:** Registerpatient.com

**E. Business Unit's Federal Employer Identification Number:**  
 (Please complete either the substitute W-9 Form at the end of this application or attach a completed IRS Form W-9.) 27-0383772

**F. Business Unit's Unemployment Compensation Number<sup>1</sup>:** 2920620

**G. Business Unit's Florida Sales Tax Registration Number:** none

**H. Will the business unit or its parent company have Federal Corporate Income Tax liability attributable to this project?**

If yes, will there also be State Corporate Income Tax Liability attributable to this project? Yes ☐ No ☒ Yes ☐ No ☐

**I. Is the business unit minority owned?**

Yes ☐ No ☒ If yes, explain:

**J. What is the business unit's tax year (ex: Jan 1 to Dec 31):** Jan1 to Dec31

**K. Has this business unit, or any related entities, applied for and/or been approved for State incentives in the past?**

Yes ☒ No ☐ If yes, explain: HBOTT Grant funding through the FloridaWorks Department awarded to create and retain jobs in Gainesville, FL. This is not an incentive but is a federal award.

## 2. PROJECT OVERVIEW

<sup>1</sup> If multiple unemployment compensation reporting units or multiple worksites are involved, contact Enterprise Florida to discuss this structure or include an attachment listing the additional units and their relationship to the applicant. Business entities not disclosed here may not be party to or count toward the requirements of the contract with the State of Florida.

## GENERAL PROJECT OVERVIEW

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**A. Which of the following best describes this business unit<sup>2</sup>:**

- ☐ New business unit to Florida
- ☒ Existing Florida business creating and / or retaining jobs<sup>3</sup>.
- 32 If an expansion, how many jobs are currently in the expanding business unit?

**B. How many individuals are employed at all Florida locations?** 5

**C. Are any jobs being transferred from other Florida locations<sup>4</sup>?**

Yes ☐ No ☒ If yes, how many jobs and from where? \_\_\_\_\_

Why are these jobs moving and why is it justified in light of the statutory language governing the applicable incentive program(s)? \_\_\_\_\_

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**D. Give a full description of this project, including a company overview, the primary activities / functions of this business unit and project, and the reasons for contemplating an expansion in / relocation to Florida:**

RegisterPatient is a feature-rich, HIPAA and HITECH-compliant, web-based patient registration service that allows a patient to electronically complete and sign all the forms required by that HCP prior to the patient's scheduled visit. It includes automatic insurance verification, automatic appointment reminders and the ability for patients to request specific appointment dates and times, request prescription refills and communicate directly with their doctor, all online via secure messaging, through the physician's website, patient portal or Facebook page. RegisterPatient also allows for one-click electronic patient referrals between affiliated HCP's. Each of these features are designed to provide optimal solutions to four mission-critical needs and priorities of the HCP mentioned above and all translate directly into greater efficiency, productivity and profitability for the HCP.

RegisterPatient is a simple and effective way for patients to request an appointment, fill out their registration forms, request a prescription refill or simply have private and secure communication with their Healthcare Provider, all online and in the comfort of their own homes, on their own time. Nearly 60,000 users have completed online registration since our recent launch.

The online registration of so many patients presents an opportunity to ask patients to "opt-in" for marketing-related communication from their HCP or other permitted entities. RegisterPatient has also been approached by leading industry providers of other patient-facing online sources of services and information such as Vitals.com who are keenly interested in working with RegisterPatient toward monetization of our rapidly growing patient database. All such discussions and potential future activities will be in full compliance with current and future regulations regarding use of patient information, including HIPAA PHI.

There are currently four companies attempting to compete in the patient registration niche. These companies are internally funded and operated by their respective founders. None have achieved any significant market share at this time. These competitive services are also quite limited in their technological capabilities and functionality as

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<sup>2</sup> Must be a separate business unit or reporting unit of a business unit that is or will be registered with the State of Florida for unemployment compensation purposes.

<sup>3</sup> A QTI Tax Refund award cannot be granted for existing Florida jobs.

<sup>4</sup> Incentives may not be used in connection with a project that involves the relocation of jobs from one Florida community to another except in certain circumstances as described in statute.

## GENERAL PROJECT OVERVIEW

compared to RegisterPatient.

- E. In what Targeted Industry(ies) does the proposed project operate?<sup>5</sup>:**

Health IT

- F. Break down the project's primary function(s) and the corresponding wages:**

| Business Unit Activities                         | 5 Digit NAICS Code(s) | Project Function<br>(total = 100%) | Annualized Wage (\$) |
|--|-----------------------|------------------------------------|----------------------|
| Sales Reps/Comp User Support/Sales Rep Tech (12) | 541511                | 37.5%                              | \$27,324             |
| Management (all departments)(10)                 | 541511                | 31.25%                             | \$41,940             |
| Web Department (6)                               | 541511                | 18.75%                             | \$17,347             |
| Staff Admin (1)                                  | 541511                | 3.125%                             | \$28,808             |
| Chief IT Security/CIO/Ecommerce Growth (3)       | 541511                | 9.375%                             | \$74,020             |

- G. What is the project's proposed location address:**

SE 2nd Ave. and SE 2nd Street

*Street Address*

Gainesville

FL

32601

*City*

*State*

*Zip Code*

**What is the project's current location address (if different):**

227 SW 4 Avenue

Gainesville

FL

32601

*City*

*State*

*Zip Code*

- H. Is the project location within a current or proposed Brownfield site / area?**

Yes ☐ No ☒ If yes, attach a copy of the official document designating the Brownfield area.

**Is the project location in an Enterprise Zone?**

Yes ☒ No ☐ If yes, which zone? Downtown Gainesville

**Is the project location in a designated Rural area?**

Yes ☐ No ☒ If yes, which Rural area? \_\_\_\_\_

**Is the project location in an Urban area<sup>6</sup>? Yes, in a CRA District**

Yes ☒ No ☐ If yes, describe? \_\_\_\_\_

- I. Which of the following describes the applicant's operations (select all that apply):**

- ☐ Multi-state business enterprise  
☒ Multinational business enterprise  
☐ Florida business enterprise (eligible for Brownfield Redevelopment Bonus incentive only)

- J. Which of the following describes this business unit (select all that apply):**

- ☐ Regional headquarters office  
☒ National headquarters office  
☐ International headquarters office  
☐ This is not a dedicated headquarters office

- K. What is the estimated percentage of gross receipts or final sales resulting from this project that will be made outside of Florida (if sales is not a reasonable measure, use another basis for measure and provide explanation below):**

50% Explain, if necessary: Greater than 50% because we have a nationwide customer-base.

<sup>5</sup> Refer to the QTI Target Industry list.

<sup>6</sup> An Urban area may include a Community Redevelopment Area (CRA), Urban Job Tax Credit eligible area, Urban Enterprise Zone, Federal Empowerment Zone, an Urban revitalization area, etc.

## GENERAL PROJECT OVERVIEW

### 3. JOB AND WAGE OVERVIEW

- A. How many Florida jobs<sup>7</sup> are expected to be created as part of this project? 32
- B. If an existing business unit, how many Florida jobs are expected to be retained as part of this project? (jobs in jeopardy of leaving Florida should only be included here; these jobs are not eligible for QTI) 5
- C. What is the anticipated annualized average wage (excluding benefits) of the new to Florida jobs created as part of this project? (Cash payments to the employees such as performance bonuses and overtime should be included. The wage reported here is only an estimate of the average wage to be paid and will not be used in the certification, agreement, and claim evaluation process.) \$45,000
- D. What is the annualized average value of benefits associated with each new job created as part of this project? \$6,000
- E. What benefits are included in this value? (health insurance, 401(k) contributions, vacation and sick leave, etc.)  
Health Insurance, Vacation

### 4. CAPITAL INVESTMENT OVERVIEW

- A. Describe the capital investment in real and personal property (Examples: construction of new facility; remodeling of facility; upgrading, replacing, or buying new equipment.):  
Remodeling new facility, buying new equipment

- B. Will this facility be:

- ☒ Leased space with renovations or build out  
☐ Land purchase and construction of a new building  
☐ Purchase of existing building(s) with renovations  
☐ Addition to existing building(s) (already owned)  
☐ Other (please describe in 4A above)

- C. List the anticipated amount and type of major capital investment to be made by the applicant in connection with this project:

| Calendar Year :  | 2012             | 2013             | 2014            | 2015            | 2016            | Total            |
|--|------------------|------------------|-----------------|-----------------|-----------------|------------------|
| Land or Building Purchase                                    | \$64,800         | \$64,800         | \$64,800        | \$64,800        | \$64,800        | \$324,000        |
| Construction / Renovations                                   | \$0              | \$0              | \$0             | \$0             | \$0             | \$0              |
| Manufacturing Equipment                                      | \$0              | \$0              | \$0             | \$0             | \$0             | \$0              |
| R&D Equipment  | \$0              | \$0              | \$0             | \$0             | \$0             | \$0              |
| Other Equipment (computer equipment, office furniture, etc.) | \$41,000         | \$72,000         | \$6,000         | \$6,000         | \$6,000         | \$131,000        |
| <b>Total Capital Investment</b>                              | <b>\$105,800</b> | <b>\$136,800</b> | <b>\$70,800</b> | <b>\$70,800</b> | <b>\$70,800</b> | <b>\$513,800</b> |

- D. What is the estimated cost of machinery and equipment or other resources for this project expected to be purchased outside of Florida? \$36,000
- E. Describe the type(s) of machinery and / or other resources to be purchased outside of Florida.  
Software Application Hosting

<sup>7</sup> A "full time equivalent job" means at least 35 hours of paid work per week.  
Revised 02/12

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|  |            |
|--|------------|
| F. What is the estimated square footage of the new or expanded facility? | 3100       |
| G. When is the final location decision anticipated (date)?               | 10/01/2012 |
| H. What is the anticipated date construction will begin?                 | 11/01/2012 |
| I. What is the anticipated date operations will commence?                | 12/01/2012 |

### 5. COMPETITIVE LANDSCAPE

- A. What role will the incentive(s) play in the business unit's decision to locate, expand, or remain in Florida?

This incentive will be the determining factor of staying in Gainesville.

- B. How will the incentive dollars be used by the business?

Additional income to assist with payroll, taxes, and other overhead costs.

- C. What other cities, states, or countries are being considered for this project?

Birmingham AL, Atlanta GA, Nashville TN

- D. What advantages or incentives offered by these locations do you consider important in your decision?

Staying in FL is a disadvantage because of the lack of desirability and lack of RegisterPatient being able to attract top talent because of location and high overhead. Other states offer availability of talent, Health IT HUB, lower cost of lease, corporate identification.

- E. What advantages or disadvantages offered by the proposed Florida location do you consider important in your decision?

Centrally Located, Close to UF, Innovation HUB, Native Florida Employees

- F. Indicate any additional internal or external competitive issues impacting this project's location decision?

None

### 6. ECONOMIC IMPACT AND CORPORATE RESPONSIBILITY

- A. Provide a brief synopsis of the special impacts the project is expected to stimulate in the community, the state, and the regional economy. Include the impact on indicators such as unemployment rate, poverty rate, and per capita income.

The unemployment rate is at 8.8%, poverty at \$39,272, per capita money income is \$26,551. With our average wage at \$45,000, we hope to increase the poverty level, stimulate the local economy and retain jobs in this community, therefore lowering the unemployed and poverty ratios.

- B. Provide a summary of past activities in Florida and in other states. For example, what kind of corporate citizen has the applicant been? Also list awards or commendations.

We have raised \$4.2 million in venture funding and been awarded the HBOTT \$320,000 grant in order to retain and build jobs for this community.

- C. List and explain any criminal or civil fines or penalties, recent or ongoing investigations and lawsuits, federal, state and/or local tax liens, and environmental issues that have been imposed upon the company, its executives, or its affiliates and any recent bankruptcy proceedings of the applicant or its parent company.

Failure to disclose relevant information may mean automatic disqualification. If there are no issues to be identified, answer "None". Do not leave this question blank.

None

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- D. Provide any additional information you wish to be considered as part of this incentive application or items that may provide supplementary background information on your project or company.
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### **7. CONFIDENTIALITY**

- A. You may request that your project information (including information contained in this application) be confidential per F.S. 288.075, Confidentiality of Records for a 12 month period, with an additional 12 month extension available upon request for projects still under consideration.

If you wish to request confidentiality for information contained within the General Project Overview to be held confidential pursuant to section 288.075, Florida Statutes, please submit to Enterprise Florida, Inc. a request on company letterhead and signed by an authorized company officer including the following statement:

*On behalf of (Legal Name of Applicant), please accept this letter as a request for all documents, records, reports, correspondence, conversations, applications, data and other sources of information concerning our business plans, interests, or intention to evaluate or locate in Florida as well as other trade secrets, identification, account, and registration numbers, and proprietary confidential business information be held confidential pursuant to section 288.075, Florida Statutes for a period of 12 months after the date of receipt of this request for confidentiality or until the information is otherwise disclosed, whichever occurs first. This request covers all applicable economic development agencies, including but not limited to Enterprise Florida and the Department of Economic Opportunity.*

\*\*\* Be sure to attach the proper incentive attachment sheet(s) \*\*\*



GENERAL PROJECT OVERVIEW

8. SIGNATURES

Application Completed By:

To the best of my knowledge, the information included in this application is accurate.

Signature

Signature (Authorized Company Officer)  
REQUIRED

Date

Date

Name

Name

Title

Title

Company

Company

Address, if different than mailing address

Address, if different than mailing address

Phone Number

Phone Number

Fax Number

Fax Number

Email Address

Email Address

Name of contact person, if different than above

Phone Number

Address

Email Address