

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000931

1. Entity Name
PROSCRIPT DOCUMENTATION SERVICES, LTD.

Principal Place of Business
1634 MAIN STREET
SARASOTA FL 34236

Mailing Address
P.O. BOX 3319
SARASOTA FL 34230-3319

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3493112		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FAMIGLIO, GEORGE V JR 1634 MAIN STREET SARASOTA FL 34236				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			

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 (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record \$2,600,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000000353	STREET ADDRESS	
NAME	PROSCRIPT DOCUMENTATION SERVICES, LLC	CITY - ST - ZIP	
STREET ADDRESS	1634 MAIN STREET		
CITY - ST - ZIP	SARASOTA FL 34236		
DOCUMENT #		STREET ADDRESS	800003284868--3
NAME		CITY - ST - ZIP	-06/12/00--01075--004
STREET ADDRESS			***1206.00 ****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/99)