2002 UNIFORM BUSINESS REPORT (UBR)

001544 AT

DOCUMENT # A98000000931

1. Entity Name

PROSCRIPT DOCUMENTATION SERVICES, LTD.

FILED
02 MAY -1 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business	Mailing Address
~~1634 MAIN STREET~~	~~P.O. BOX 0315~~
~~SARASOTA FL 34236~~	~~SARASOTA FL 34236~~

2. Principal Place of Business	3. Mailing Address
1365 Fruitville Rd.	1365 Fruitville Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34236 Country: SARASOTA	Zip: 34236 Country: SARASOTA

DUE BY MAY 1, 2002

4. FEI Number 59-3493112 ☐ 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
~~FAMIGLIO, GEORGE V JR~~	Name: GARY J. ARNOLD CPA
~~1634 MAIN STREET~~	Street Address (P.O. Box Number is Not Acceptable): 7339 PERIWINKLE DRIVE
~~SARASOTA FL 34236~~	City: SARASOTA FL Zip Code: 34231

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] GARY J. ARNOLD 4/30/02

Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $2,600,000.00

10. Amount of Capital Contributions in FLORIDA to date. 2,600,000

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	1365 Fruitville Road
NAME	PROSCRIPT DOCUMENTATION SERVICES, LLC		
STREET ADDRESS	~~1634 MAIN STREET~~	CITY-ST-ZIP	SARASOTA, FL 34236
CITY-ST-ZIP	~~SARASOTA FL 34236~~		
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CR2E003 (9/01)

STAPLE CHECK HERE

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.

PROSCRIPT DOCUMENTATION SERVICES, LLC

SIGNATURE: BY: [signature], CHIEF FINANCIAL OFFICER (941)894-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #