2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # A98000000931

1. Entity Name
PROSCRIPT DOCUMENTATION SERVICES, LTD.

Principal Place of Business	Mailing Address
500 TALLEVAST ROAD SUITE 102 SARASOTA, FL 34243	500 TALLEVAST ROAD SUITE 102 SARASOTA, FL 34243

01202008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3493112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, GARY J
7339 PERIWINKLE DRIVE
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

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		
STREET ADDRESS	500 TALLEVAST ROAD SUITE 102	CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA, FL 34243		U00000855291
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 3/5/08 (941) 894-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #