

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L21680

FILED
Feb 13, 2002 8:00 AM
Secretary of State

Entity Name: MEDICAL RECORD SERVICES, INC.

Current Principal Place of Business:

P. O. BOX 7218
PT. ST. LUCIE, FL 34985

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7218
PT. ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: 59-2969290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAY, ALISSA Y.
1969 MICHELANGELO AVE.
PT. ST. LUCIE, FL 34953

Name and Address of New Registered Agent:

LAY, ALISSA Y PRESIDE
1969 MICHELANGELO AVE.
PT. ST. LUCIE, FL 34953

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: ALISSA Y. LAY, PRESIDENT

02/13/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: LAY, ALISSA Y.
Address: 1969 MICHELANGELO AVE.
City-St-Zip: PT. ST. LUCIE, FL

Title: V () Delete
Name: LAY, DAVID R.
Address: 4485 SW BABYLON ST.
City-St-Zip: PT. ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: LAY, ALISSA Y
Address: 1969 MICHELANGELO AVE.
City-St-Zip: PT. ST. LUCIE, FL 34953

Title: V (X) Change () Addition
Name: LAY, DAVID . R
Address: 4485 SW BABYLON ST.
City-St-Zip: PT. ST. LUCIE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISSA Y. LAY, PRESIDENT

P

02/13/2002

Electronic Signature of Signing Officer or Director

Date