

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

04-17-2002 90164 009 ***150.00

DOCUMENT # 652711

1. Entity Name
MEDICAL EXPRESS CORP.
4237 Salisbury Rd., Suite #304
Jacksonville, FL 32216

33093

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4237 Salisbury Rd., Suite, Apt. #, etc. Suite 304 City & State Jacksonville, FL 32216 Zip 32216 Country USA		3. Mailing Address 4237 Salisbury Rd. Suite, Apt. #, etc. Suite 304 City & State Jacksonville, FL 32216 Zip 32216 Country USA	
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4. FEI Number 59 3001845	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name SCOTT GLAZIER	
Street Address (P.O. Box Number is Not Acceptable) 8825 Perimeter Park Blvd, Suite 504	
City Jacksonville	FL Zip Code 32216

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 Scott Glazier Scott Glazier
Signature, type or printed name of registered agent and the filer if applicable

(NOTE: Registered Agent signature required when reinstating)

5/30/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Jane Freedman 4237 Salisbury Rd., #304 Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Linda Rose Griffin 4237 Salisbury Rd. #304 Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Sandra Freedman 4237 Salisbury Rd., #304 Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald S. Freedman, 4237 Salisbury Rd., #304 Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Amos F. Almand, III 4237 Salisbury Rd., #304 Jacksonville, FL 32216

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Rose Griffin Linda Rose Griffin P 04/09/02 904 281 9723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #