

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90363 029 ***150.00

DOCUMENT # P95000069698

1. Entity Name
MEDSPEECH, INC.

Principal Place of Business 2617 N. FLAGLER DRIVE 112 WEST PALM BEACH FL 33407 US	Mailing Address 2617 N. FLAGLER DRIVE 112 WEST PALM BEACH FL 33407 US
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816608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2601 N. FLAGLER DRIVE Suite, Apt. #, etc. Ste. 316 City & State WEST PALM BEACH Zip 33407 Country US	3. Mailing Address 2601 N. FLAGLER DRIVE Suite, Apt. #, etc. Suite 316 City & State WEST PALM BEACH Zip 33407 Country US
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4. FEI Number **65-0603327** 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

RANDEE S. SCHATZ, ESQUIRE
220 SUNRISE AVENUE, SUITE 209
PALM BEACH FL 33480

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOULD, REBECCA 2617 N. FLAGLER DR., STE. 112 WEST PALM BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 N FLAGLER DRIVE Ste 316 WPB FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: * **3-1-01** **561 833-2090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #