2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC6675768418

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Entity Name: MEDXSCRIBE, INC.

Current Principal Place of Business:

43 W. PINE TREE AVENUE
LAKE WORTH, FL 33467

Current Mailing Address:

43 W. PINE TREE AVENUE
LAKE WORTH, FL 33467

FEI Number: 27-1290636

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERMAN, LLOYD PA
4491 S. STATE ROAD, #314
DAVIE, FL 33314 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIR
Name	SCHWARZ, KATHERINE
Address	43 W. PINE TREE AVENUE
City-State-Zip:	LAKE WORTH FL 33467

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE SCHWARZ DIR 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date