

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 669621**

1. Entity Name

MEDICAL DATA LIFELINE, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90146 029 ***150.00

Principal Place of Business

1548 THE GREENS WAY**4****JAX BCH FL 32250****US**

Mailing Address

PO BOX 1219**P.O. BOX 1219 (32004)****PONTE VEDRA BCH FL 32004****US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1994586**

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

MELCHING, STEPHEN
1548 THE GREENS WAY
APT 4
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	S						
	HUTCHINSON, FRANCES F.	1548 THE GREENS WAY STE 4	JAX BCH FL 32250				
	VDT						
	MELCHING, STEPHEN D.	1548 THE GREENS WAY	JAX BCH FL 32250				
	D						
	FLETCHER, PAUL Z	1548 THE GREENS WAY STE 4	JAX BCH FL 32250				
	PD						
	FLETCHER, JEROME S	1548 THE GREENS WAY STE 4	JAX BCH FL 32250				

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: Frances F. Hutchinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances F. Hutchinson, Secretary

1/31/01

Date

904-285-6921

Daytime Phone #

CR2E034 (10/00)