

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90032 020 ***150.00

DOCUMENT # 669621

1. Entity Name
MEDICAL DATA LIFELINE, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1994586**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 **Treadwell, Frank E.**
 Street Address (P.O. Box Number is Not Acceptable)
1548 The Greens Way
Suite 4
 City **Jacksonville Beach FL** Zip Code **32250**

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 *Frank E. Treadwell*

2/28/02

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, 2002 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 ☐ Delete
 NAME **HUTCHINSON, FRANCES F.**
 STREET ADDRESS **1548 THE GREENS WAY STE 4**
 CITY-ST-ZIP **JAX BCH FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VDT MELCHING, STEPHEN D.**
 STREET ADDRESS **1548 THE GREENS WAY**
 CITY-ST-ZIP **JAX BCH FL 32250**

TITLE ☐ Change ☒ Addition
 NAME **Treadwell, Frank E.**
 STREET ADDRESS **1548 The Greens Way, Suite 4**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ Delete
 NAME **D FLETCHER, PAUL Z**
 STREET ADDRESS **1548 THE GREENS WAY STE 4**
 CITY-ST-ZIP **JAX BCH FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD FLETCHER, JEROME S**
 STREET ADDRESS **1548 THE GREENS WAY STE 4**
 CITY-ST-ZIP **JAX BCH FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **AS Buckner, Judy V.**
 STREET ADDRESS **1548 The Greens Way, Suite 4**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

2/28/02 (904) 285-6921

Date

Daytime Phone #

CR2E034 (9/01)