

# 2002 UNIFORM BUSINESS REPORT (UBR)

0040187 AV

DOCUMENT # 695370

1. Entity Name

MEDICAL DOCUMENTATION SERVICES, INC.

Principal Place of Business

133 OAK ST #19  
TALLAHASSEE FL 32301

Mailing Address

133 OAK ST #19  
TALLAHASSEE FL 32301

FILED

02 APR '99 AM 9:44

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1424 E. PIEDMONT DRIVE

3. Mailing Address

1424 E. PIEDMONT DRIVE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

Zip

32308

Country

USA

4. FEI Number

59-2938481

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASSON, KENNETH R  
133 OAK ST #19  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

400005418494--6

-05/01/02--01080--019

City

\*\*\*\*158.75 FL \*\*\*\*158.75

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's 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WASSON, KENNETH R	
STREET ADDRESS	133 OAK ST., #19	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSON, KENNETH R.	
STREET ADDRESS	1424 E. PIEDMONT DRIVE, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE MOODY	
STREET ADDRESS	1424 E. PIEDMONT DRIVE, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASSON, KENNETH R.	
STREET ADDRESS	1424 E. PIEDMONT DRIVE, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kenneth R. Wasson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KENNETH R. WASSON, PRESIDENT

APRIL 1, 2002 (850) 205-4633

Date

Daytime Phone #

CR2E034 (9/01)