FILED
May 19, 2004 8:00 am
Secretary of State
03-29-2004 90392 045 ***150.00

66422741

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 695370

1. Entity Name
MEDICAL DOCUMENTATION SERVICES, INC.

Principal Place of Business	Mailing Address
1424 E.PIEDMONT DRIVE SUITE 200 TALLAHASSEE, FL 32308	1424 E.PIEDMONT DRIVE SUITE 200 TALLAHASSEE, FL 32308

2. Principal Place of Business	3. Mailing Address
3843 E Mirrors Blvd Suite, Apt. #, etc.	3843 E Mirrors Blvd Suite, Apt. #, etc.
City-State: TALLAHASSEE FL Zip: 32312 Country:	City-State: TALLAHASSEE FL Zip: 32312 Country:

03232004 Chg-P CR2E034 (10/03)

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 ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: MARIAN DOZIER
Street Address (P.O. Box Number is Not Acceptable): 1226 CLYDE PICKARD DR
City: TALLAHASSEE FL Zip Code: 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature] DATE: 4/13/04
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST WASSON, KENNETH R 1424 E.PIEDMONT DRIVE,SUITE 200 TALLAHASSEE, FL 32308	☒ Delete	PST WOODY W HOLLOWAY 2745 AJ HENRY PARK DR TALLAHASSEE, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP MOODY, MICHELE 1424 E.PIEDMONT DRIVE,SUITE 200 TALLAHASSEE, FL 32308	☒ Delete	D TERRY MCCOY 565 FRANK SHAW RD TALLAHASSEE, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WASSON, KENNETH R 1424 E.PIEDMONT DRIVE,SUITE 200 TALLAHASSEE, FL 32308	☒ Delete	D MILARD NIXON 2508 HARRIMAN CIRCLE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO DOZIER, LAURIE 1424 E PEIDMONT AVE,S-124 TALLAHASSEE, FL 32308	☐ Delete	COO LAURIE 1226 CLYDE PICKARD DR TALLAHASSEE, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WASSON, KENNETA 1424 E.PIEDMONT TALLAHASSEE, FL 32308	☒ Delete	D JAMES YOUNG 345 S MAGNOLIA STREET C-21 TALLAHASSEE, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOTTICE, JAY 1424 E.PIEDMONT TALLAHASSEE, FL 32308	☐ Delete		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4/13/04 850/878-4710
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #