

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90004 017 ***150.00

0021149

DOCUMENT # F99000006249

1. Entity Name
E-MEDSOFT.COM, INC.

Principal Place of Business 1300 MARSH LANDING PKWY #106 JACKSONVILLE BEACH FL 32250	Mailing Address 1300 MARSH LANDING PKWY #106 JACKSONVILLE BEACH FL 32250
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637784



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 84-1037630	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GIBBS, MARSHALL A SR.
 1300 MARSH LANDING PKWY #106
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME	PC ANDREWS, JOHN F	<input type="checkbox"/> Delete
STREET ADDRESS	1300 MARSH LANDING PKWY #106	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE NAME	D ROMEO, SAM J.W.	<input type="checkbox"/> Delete
STREET ADDRESS	1300 MARSH LANDING PKWY #106	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE NAME	D STEIN, MITCHELL J	<input type="checkbox"/> Delete
STREET ADDRESS	1300 MARSH LANDING PKWY #106	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE NAME	ST HARRIS, MARGARET A	<input type="checkbox"/> Delete
STREET ADDRESS	1300 MARSH LANDING PKWY #106	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE NAME	V GIBBS, MARSHALL A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1300 MARSH LANDING PKWY #106	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Rosalind Bonds Date: 1/4/01 Daytime Phone #: (904) 543-1058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)