

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H20290

**FILED**  
**Sep 25, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL OFFICE SOFTWARE, INC.

**Current Principal Place of Business:**

6400 N ANDREWS AVE  
SUITE 530  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

6400 N ANDREWS AVE  
SUITE 530  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 59-2450103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEDY, EUGENE M  
517 SW FIRST AVENUE  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LONGSTREET, CAROLYN  
Address: 1663 NE 171ST STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN LONGSTREET

PRES

09/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date