<u>,</u> →.		NESS REPO	RT	(UBR)		F	eb 21, 2 Secreta	LED 2001 8:0 ry of S 10071 030 ***1	tate	
Principal Place of Business Mailing Address										
7419 MERRILL RD JACKSONVILLE FL 32211 US		P O DRAWER 11059 JACKSONVILLE FL 32239 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number	59-2816403		Applied For Not Applicable	
Zip	Country	Zip Country		try	5. (5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Re	gistered Agent		 Name		lame and A	dress of New Reg	istered Agent		
WHITE, MARIA & DURWAR 7419 MERRILL ROAD				Street Addre	ess (P.O. B	(P.O. Box Number is Not Acceptable)				
JACH	KSONVILLE FL 32277			City				FL Zip Co	de	
8. The above	named entity submits this statement for the	ne purpose of changing its r	registere	ed office or reg	istered ag	ent, or both,	in the State of Florid			
SIGNATURE .	Signature, typed or printed name of registered agent and	I bile if eaching (NOTE)	Bagistan	1 Agent signature re	a lited when re	instation)		DATE	}	
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!								
Tax filing requirement and elects to do so. (See criteria on back)			1 Fee	will be \$550.			on Campaign Finan Fund Contribution.	· · · · · · · ·	00 May Be ed to Fees	
11. TITLE	OFFICERS AND DI		12. TITLE		AD	DITIONS/CH	IANGES TO OFFICE	RS AND DIRECTO		
NAME STREET ADDRESS CHTY-ST-ZIP	WHITE, MARIA M. 7419 MERRILL RD		NAM Stre							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL DVT Delete WHITE, DURWARD W. 7419 MERRILL RD JACKSONVILLE FL							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Delete				**************************************	بنيجر ، يتان	ಕ್ಷೇ - ೧೯೫೫ - _{೧೯} ೯೯	Change 😳 Change	Addition	
TIJLE - NAME STREET ADDRESS CITY-ST-ZIP		Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗖 Delete						Change	(Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete						Change	Addition	
13. I hereby of indicated of the correct changed,	Certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, with URE:	is filing does not qualify for ue and accurate and that m ered to execute this report h all other like impowered.	y eignal Is requir	rure shall have red by Chapter	in Section the same I r 607, Florid	egal effect a da Statutes; :	Florida Statutes. I fu s if made under oat and that my name a	h; that I am an office ppears in Block 11	er or director or Block 12 if	

625910

COPYMED, INC.

Medical Records Correspondence Service Post Office Drawer 11059 Jacksonville, Florida 32239-1059 Phone: (904) 743-6221 • Fax: (904) 744-0812

ichmen

MINUTES OF ANNUAL MEETING

OF DIRECTORS OF

COPYMED, INC.

The annual meeting of the Directors of CopyMed,Inc. was held at Jacksonville Florida on this 15th day of February, 2001, at 10:00 a.m.

Present were Maria M. White and Durward W. White, being all of the Directors of the corporation.

The minutes of the annual meeting of the stockholders were read and approved.

The following persons were nominated for officers of the corporation, to serve until their respective successors are elected and qualified:

President	Maria M. White				
Vice President	Durward W. White				
Secretary	Maria M. White				
Treasurer	Durward W. White				

Ballot having been duly had, and all the Directors present having voted, the Chairman announced the aforesaid persons had been unanimously elected to the above offices.

Upon motion duly made, seconded and carried, the meeting was adjourned.

White, Secretary Mafia M.