

FILED
Aug 26, 2002 8:00 am
Secretary of State

07-09-2002 90024 014 ***558.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054730

1. Entity Name

MEDSCRIPT, INCORPORATED

42138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14830 SW 138 TERRACE

3. Mailing Address

14830 SW 138 TERRACE

Suite, Apt. #, etc.

MIAMI

FLORIDA

Suite, Apt. #, etc.

MIAMI

FLORIDA

City & State

MIAMI

FLORIDA

City & State

MIAMI

FLORIDA

Zip

33196

Country

USA

Zip

33196

Country

USA

4. FFI Number

651018005

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

YAMILET SIDMAN

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

14830 SW 138 TERRACE

City MIAMI

FL

Zip Code 33196

DO NOT WRITE
IN THIS SPACE

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

YAMILET SIDMAN, P

7/22/02

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so
(See instructions on back)

Corporation May Elect to Satisfy Its Intangible
Tax Filing Requirement and Elects to do so
(See instructions on back)

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
BEN SIDMAN
14830 SW 138 TERRACE
MIAMI FLORIDA 33196

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information is accurate and true and correct, 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 on an attachment with an address, with an address that is my current address.

SIGNATURE:

YAMILET SIDMAN, P 7/22/02 3052660741

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee

CR200348 (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054730

1. Entity Name

MEDSCRIPT, INCORPORATED**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14830 SW 138 TERRACE

3. Mailing Address

14830 SW 138 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

651018005

Applied for

Not Applicable

Zip

33196

Country

USA

Zip

33196

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name RONALD LORENZANA

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

P.O. BOX 65-1404City MIAMI

FL

Zip Code

33165-1404**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, as shown in the State of Florida.

SIGNATURE

Yamilet Sidman, P7/1/029. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<u>V</u>	<u>BEN SIDMAN</u>	<u>14830 SW 138 TERRACE</u>	<u>MIAMI FLORIDA 33196</u>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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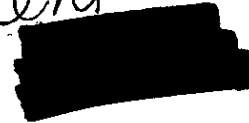
12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the individual or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Items 11 or on an attachment with an address, with all other filers empowered.

SIGNATURE: Yamilet Sidman, P 7/1/02 305 2660741

CR20348 (12/01)



Attachment



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

42138

July 11, 2002

MEDSCRIPT, INC.
14830 SW 138 TERRACE
MIAMI, FL 33144 US

Subject: MEDSCRIPT, INC.

Reference Number: P00000054730

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$558.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs
ANNUAL REPORTS SECTION

MedScript, Inc.

Transcription Services
14830 SW 138 Terrace
Miami, FL 33196

Florida Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302 - 1500

Attachment

#P00000054730,

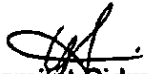
42/38

2nd July 2002

Cover Note

This is to inform you that the President of the company formerly Yamilet Polo, has changed her name by marriage to Yamilet Sidman. This information is reflected in the Uniform Business Report attached. Confirmation of this can be provided on request in the form of a certificate.

Regards


Yamilet Sidman
President