7 23 02: 11:47AM;KPMG LLP 7/9

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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14830 SW 138 TERRACE	14830 SW 138 TERRACE
Suite, Apt. #, etc. MIAMI FLORIDA	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33196 Country USA	Zip 33196 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 651018005 — Applied For / ✓ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name [redacted] YAMILET SIOMAN
Street Address (P.O. Box Number is Not Acceptable)
14830 SW 138 TERRACE
City MIAMI FL Zip Code 33196

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 [signature] YAMILET SIOMAN, P 7/22/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

Until May 1 Fee is $150.00 — After May 1, Fee is $550.00 — Amended UBR is $61.25 — 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	V
NAME	BEN SIOMAN
STREET ADDRESS	14830 SW 138 TERRACE
CITY-ST-ZIP	MIAMI FLORIDA 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] YAMILET SIOMAN, P 7/22/02 3052660741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/9/2002-90024-014-$558.75-$558.75

7 8 02 11:47AM KPMG LLP

42138 [redacted]

Attachment

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054730

1. Entity Name

MEDSCRIPT, INCORPORATED

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14830 SW 138 TERRACE	14830 SW 138 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33196 Country: USA	Zip: 33196 Country: USA

4. FEI Number 651018005 — Applied For / ☑ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RONALD LORENZANA

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

P.O. BOX 65-1404

City: MIAMI FL Zip Code: 33265-1404

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 7/1/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

9. 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	V
NAME	BEN SIDMAN
STREET ADDRESS	14830 SW 138 TERRACE
CITY-ST-ZIP	MIAMI FLORIDA 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

attachment [redacted]

FLORIDA DEPARTMENT OF STATE 42138
Katherine Harris
Secretary of State

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
#P000005473 [redacted] 42138

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