


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91806 024 \*\*\*150.00

**DOCUMENT # P0000066253**

1. Entity Name  
**MEDQUAY, INC.**



Principal Place of Business  
**8466 N LOCKWOOD RIDGE RD, STE 337  
SARASOTA, FL 34243**

Mailing Address  
**8466 N LOCKWOOD RIDGE RD, STE 337  
SARASOTA, FL 34243**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**WITHERSPOON, JONATHON B  
8466 N LOCKWOOD RIDGE RD, STE 337  
SARASOTA, FL 34243**

4. FEI Number  
**65-1025583**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

**FILE NO 0111 - FEES \$ 150.00**  
**After May 7, 2003 Fee will be \$60.00**  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITHERSPOON, JONATHON B 8466 N LOCKWOOD RIDGE RD, STE 337 SARASOTA, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITHERSPOON, RACHEL 8466 N LOCKWOOD RIDGE RD, STE 337 SARASOTA, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEALE, JUDY 8466 N LOCKWOOD RIDGE RD, STE 337 SARASOTA, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALDERSON, MARY 8466 N LOCKWOOD RIDGE RD, STE 337 SARASOTA, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, WASHINGTON 8466 N LOCKWOOD RIDGE RD, STE 337 SARASOTA, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CHRISTOPHER 8466 N LOCKWOOD RIDGE RD, STE 337 SARASOTA, FL 34243	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the provisions of Chapter 607, Florida Statutes, and 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-26-03** (402) 850-1298  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Copying Phone #

CR20034 (10/02)