

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106116

1. Entity Name

~~DRAGON MEDICAL SOLUTIONS, INC.~~

amended to: Fideligent Corporation

Principal Place of Business

~~101 SOUTH HALL LN., STE. 400~~  
MAITLAND FL 32751

Mailing Address

~~101 SOUTH HALL LN., STE. 400~~  
MAITLAND FL 32751

FILED

02 JUN 12 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

958 Versailles Circle

3. Mailing Address

958 Versailles Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland, Florida

City & State

Maitland, Florida

4. FEI Number

52-2352025

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.  
THE GREENLEAF BLDG., 3RD FL  
200 LAURA ST.  
JACKSONVILLE FL 32202-3510

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002: Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Casey, John
STREET ADDRESS	101 Southhall Lane Suite 400
CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C Baker, James K.
STREET ADDRESS	958 Versailles Circle
CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James K. Baker*

3-22-02

407-1067-4787

CR2534 (01/01)