


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90392 044 ***150.00

DOCUMENT # P02000104091		
1. Entity Name MEDOCS SOLUTIONS, INC.		

Principal Place of Business 1424 E. PIEDMONT DR., SUITE 200 TALLAHASSEE, FL 32308	Mailing Address 1424 E. PIEDMONT DR., SUITE 200 TALLAHASSEE, FL 32308
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24030207



2. Principal Place of Business 3843 E MILLERS BL	3. Mailing Address 3843 E MILLERS BL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03232004 Chg-P CR2E034 (10/03)

City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32312	Country
City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32312	Country

4. FEI Number
02-0644150

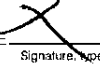
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent WASSON, KENNETH R 1424 E. PIEDMONT DR. SUITE 200 TALLAHASSEE, FL 32308	
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7. Name and Address of New Registered Agent Name MARGARET DOZIER Street Address (P.O. Box Number is Not Acceptable) 1226 CLAUDE PICHARD DR City TALLAHASSEE FL Zip Code 32308	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOZIER, LAURIE L JR. 1226 CLAUDE PICHARD DR. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOZIER, MARGARET 1226 CLAUDE PICHARD DR. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTTICE, H. JAY 300 SUMMER BROOK LANE TALLAHASSEE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSON, KENNETH R 133 OAK ST., #19 TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOODY, ANNESTONE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2795 AS HENRY PARK DR TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, MICHELE 3651 MOODY TRAIL TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES YOUNG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 345 S MAGNOLIA DR A-27 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, TERENCE P 4442 THOMASVILLE RD. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 3/24/04 DAYTIME PHONE # 850-878-4710