2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P02000104091

Entity Name: MEDOCS SOLUTIONS,INC.

Current Principal Place of Business:

3843 E MILLERS BR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

1229 CLYDE PICHARD DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

3843 E MILLERS BR.
TALLAHASSEE, FL 32312

New Mailing Address:

1229 CLYDE PICHARD DRIVE
TALLAHASSEE, FL 32308

FEI Number: 02-0644150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOZIER, MARGARET
1229 CLYDE PICHARD DR.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOZIER, LAURIE L JR.
Address: 1226 CLAUDE PICHARD DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: DOZIER, MARGARET
Address: 1226 CLAUDE PICHARD DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: MOTTICE, H. JAY
Address: 300 SUMMER BROOK LANE
City-St-Zip: TALLAHASSEE, FL 32327

Title: D ( ) Delete
Name: WHETSTONE, NOODY
Address: 2795 AJ HENRY PARK DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: YOUNG, JAMES
Address: 345 S MAGNOLIA DR., C-27
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: MCCOY, TERENCE P
Address: 4442 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WHETSTONE, WOODY
Address: 2795 AJ HENRY PARK DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET DOZIER PRES 05/02/2005
Electronic Signature of Signing Officer or Director — Date