

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90130 047 \*\*\*150.00

0036528 AV

**DOCUMENT # P95000073144**

1. Entity Name  
**DOCUMED, INC.**



Principal Place of Business  
**9838 OLD BAYMEADOWS ROAD  
SUITE 308  
JACKSONVILLE FL 32256**

Mailing Address  
**9838 OLD BAYMEADOWS ROAD  
SUITE 308  
JACKSONVILLE FL 32256**



2. Principal Place of Business  
**7208 SANDLAKE RD**

3. Mailing Address  
**7208 SANDLAKE RD.**

Suite, Apt. #, etc.  
**STE 210**

Suite, Apt. #, etc.  
**STE. 210**

City & State  
**ORLANDO FL**

City & State  
**ORLANDO, FL**

Zip  
**32819**

Zip  
**32819**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3384783**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DANGANAN, MICHAEL  
9838 OLD BAYMEADOWS ROAD  
SUITE 308  
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name **MICHAEL DANGANAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**7208 SANDLAKE ROAD**  
**STE. 210**  
City **ORLANDO** FL Zip Code **32819**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-03

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **P** ☒ Delete  
NAME **DANGANNAN, MICHAEL**  
STREET ADDRESS **9838 OLD BAYMEADOWS ROAD #308**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition  
NAME **MICHAEL DANGANAN**  
STREET ADDRESS **7208 SANDLAKE ROAD STR. 210**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

407-903-1070

Daytime Phone #

CR2E034 (10/02)