

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90047 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P96000039677</b>  |  |   |   |
| 1. Entity Name<br><b>MEDREC, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>16737 NW 20TH ST.<br/>PEMBROKE PINES FL 33028</b>   |  | Mailing Address<br><b>P.O. BOX 822115<br/>PEMBROKE FL 33082</b>   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country                                  | Zip   | Country   |
| 4. FEI Number <b>59-3385174</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |   |
| <b>DUNBAR, LOIS A<br/>16737 NW 20TH ST.<br/>PEMBOKE PINES FL</b>  |  | Name  |   |
|   |  | Street Address (P.O. Box Number is Not Acceptable)  |   |
|   |  |   |   |
|   |  | City <b>FL</b>  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____  |  |   |   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>  |  | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>   |  |   |   |
| 11. OFFICERS AND DIRECTORS  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE   | <b>P</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>DUNBAR, LOIS ASSIDA</b>               | NAME  |   |
| STREET ADDRESS  | <b>11415 GEORGETOWN CIRCLE</b>           | STREET ADDRESS  |   |
| CITY-ST-ZIP   | <b>TAMPA FL 33635</b>                    | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME  |   |
| STREET ADDRESS  |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME  |   |
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| NAME  |  | NAME  |   |
| STREET ADDRESS  |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME  |   |
| STREET ADDRESS  |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |
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| NAME  |  | NAME  |   |
| STREET ADDRESS  |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |  | 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: <i>Lois A Dunbar</i>   |  | Date <i>1/10/01</i> Daytime Phone # <i>954 441-4730</i>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   |

CR2E034 (10/00)