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PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS CITY-ST-ZIP

SIGNATURE



FLORIDA DEPARTMENT OF STATE

OR

FILED

Feb 10, 1999 8:00am

Secretary of State 02-10-1999 90052 005 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600083582

MEDICAL COPYING SERVICE, INC.

	ice of Busiliess	Mailing Address			, , ,		
C/O BARRIE GODOWN CPA 1016 E INDIANTOWN ROAD STE 104 JUPITER FL 33477		C/O BARRIE GODOWN CPA 1016 E INDIANTOWN ROAD STE 104			DO NOT MOITE IN THE	enace.	
		JUPITER FL 33477				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		J
2 Dringing I	Diago of Business	On Mailine Add			10/07/1996		j
⊢ ¬ ′	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suite And	. #	26			65-0700536		Not Applicable
Suite, Apt	i. #, eic.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional
22 City 9 Ct-		27				Fee	Required
City & Sta	ne	City & State			6. Election Campaign Financing		May Be
23 7in		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Coun	ıry	8. This corporation owes the current year Inta		
24	25 25 C	29	30			Yes	□No
	9. Name and Address of Co	urrent Registered Agent		31 Name	10. Name and Address of New Registered A	Agent	-
VAZILIT	ITE, CHARLES R		Ι'	Name			ļ
			ļī	32 Street A	ddress (P.O. Box Number is Not Acceptable)		
725 N A1A STE E-102							
JUP	PITER FL 33477		1	33		铁线星	重调等实验
			ļ.	34 City		os 76	p Còde
			1		FL	il	Į,
11: Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statu	tes, the abo	ve-named c	orporation submits this statement for the purpose of o	hanging i	its registered
· OHICH OF	registered agent, or both, in the S	state of Florida. Such change was a obligations of, Section 607.0505, Flo	autnonzea i	ov the corpor	ation's board of directors. I hereby accept the appoin	tment as	registered
SIGNATURE	•					46 a j	' (대립트)
OIOIATORE	Signature, typed or printed name of registere	ed agent and title if applicable. (NOTE	- Registered A	ent signature rec	juired when reinstating).		
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
12.	OFFICER:	S AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND		TORS IN 12
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6.3 STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed for an attachment with an address, with all other/fixe empowered.