2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000072301

City-St-Zip:

Entity Name: DATA MEDICAL SOLUTIONS, INC.

ST PETERSBURG, FL 33731

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2920 2ND STREET NORTH 887 ADDISON DRIVE N.E. SAINT PETERSBURG, FL 33704 US SAINT PETERSBURG, FL 33716 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 0607 ST PETERSBURG, FL 33731 US FEI Number: 65-0776266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARY F MELIN MARY F MELIN 887 ADDISON DRIVE N.E. 2920 2ND STREET NORTH US SAINT PETERSBURG, FL 33716 SAINT PETERSBURG, FL 33704 US 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: 04/29/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: () Change () Addition MARY F MELIN, Name: Name: P.O. BOX 0607 Address: 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: MARY F MELIN DP 04/29/2002