


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P97000079120</b> 1. Entity Name <b>DOCUMED SYSTEMS INTERNATIONAL, INC.</b>	
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FILED  
 08 JUN -2 PM 1:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>2918 OLD ORCHARD ROAD                  JACKSONVILLE, FL 32257 US</b>	Mailing Address <b>2918 OLD ORCHARD ROAD                  JACKSONVILLE, FL 32257 US</b>
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DO NOT WRITE IN THIS SPACE

05232008	No Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-3467189</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST  
 4TH FLOOR  
 MIAMI, FL 33145**

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IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HAAS, CHRISTOPHER B
STREET ADDRESS	2918 OLD ORCHARD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	STD
NAME	HAAS, ELLEN W
STREET ADDRESS	2918 OLD ORCHARD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/12/08--01014--009 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Christopher B Haas* May 25, 08 904-233-5311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #