

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000060707**

1. Entity Name

**MEDICAL INTERNET SYNTHESIS, INC.**

Principal Place of Business

**1911 MICCOSUKEE RD.  
TALLAHASSEE FL 32308**

Mailing Address

**1911 MICCOSUKEE RD.  
TALLAHASSEE FL 32308**

2. Principal Place of Business

**2450 Tim Gamble PL**

3. Mailing Address

**2450 Tim Gamble PL**

Suite, Apt. #, etc.

**Suite 101**

Suite, Apt. #, etc.

**Suite 101**

City &amp; State

**Tallahassee, FL**

City &amp; State

**Tallahassee, FL**

Zip

**32308**

Country

**USA**

Zip

**32308**

Country

**USA**

6. Name and Address of Current Registered Agent

**IGLER & DOUGHERTY, P.A.  
1501 PARK AVE. E.  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ARTHUR, MICHAEL W	218 SEA TURTLE WAY	ST. AUGUSTINE FL 32095	

D	DANSBY, GRACE H	3800 APALACHEE PKWY.	TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
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D	DIMARE, W. FRANK	3545 US #1 S.	ST. AUGUSTINE FL 32086	<input type="checkbox"/> Delete
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D	DUBARD, JOHN A PHD	1637 METROPOLITAN BLVD., STE. C	TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
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D	DUSSIA, EVAN EARL II	1911 MICCOSUKEE RD.	TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
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D	GAGER, LINDA D	2752 HANNON HILL DR. W.	TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

**John A. Lester, Pres**

Date

**4.12.01**

Daytime Phone #

**850 877-2787**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3587459**

Applied For

Not Applicable

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

CR2E034 (10/00)