

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060707

1. Entity Name

MEDICAL INTERNET SYNTHESIS, INC.

Principal Place of Business

2450 TIM GAMBLE PL
SUITE 101
TALLAHASSEE FL 32308

Mailing Address

2450 TIM GAMBLE PL
SUITE 101
TALLAHASSEE FL 32308

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

59-3587459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ARTHUR, MICHAEL W
STREET ADDRESS 218 SEA TURTLE WAY
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ Change ☒ Addition
NAME Pettit, Almena
STREET ADDRESS 6961 McBride Point
CITY-ST-ZIP Tallahassee, FL 32312

TITLE D ☐ Delete
NAME DANSBY, GRACE H
STREET ADDRESS 3800 APALACHEE PKWY.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DIMARE, W. FRANK
STREET ADDRESS 3545 US #1 S.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DUBARD, JOHN A PHD
STREET ADDRESS 1637 METROPOLITAN BLVD., STE. C
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DUSSIA, EVAN EARL II
STREET ADDRESS 1911 MICCOSUKEE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GAGER, LINDA D
STREET ADDRESS 2752 HANNON HILL DR. W.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

John A. Lester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/02

Daytime Phone #

850
894-2116

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90159 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)