


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90024 001 ***150.00

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ARTHUR, MICHAEL W | |
| STREET ADDRESS | 218 SEA TURTLE WAY | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32095 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DANSBY, GRACE H | |
| STREET ADDRESS | 3800 APALACHEE PKWY. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DIMARE, W. FRANK | |
| STREET ADDRESS | 3545 US #1 S. | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32086 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DUBARD, JOHN A PHD | |
| STREET ADDRESS | 1637 METROPOLITAN BLVD., STE. C | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DUSSIA, EVAN EARL II | |
| STREET ADDRESS | 1911 MICCOSUKEE RD. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GAGER, LINDA D | |
| STREET ADDRESS | 2752 HANNON HILL DR. W. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SONNIA A LESTER, Pres.* **2-17-03** **850 877-2787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)