

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000063815

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL DECISIONS SOFTWARE, INC.

**Current Principal Place of Business:**

21026 NE 117TH AVENUE  
EARLETON, FL 32631

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 518  
EARLETON, FL 32631

**New Mailing Address:**

**FEI Number:** 59-3588876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHELL, CATHERINE L  
117TH AVENUE  
EARLTON, FL 32631 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: SCHELL, CATHERINE L  
Address: 117TH AVENUE  
City-St-Zip: EARLETON, FL 32631

Title: MR  
Name: SCHELL, WILLIAM  
Address: 104 FIFTH AVENUE  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DR.  
Name: RATHE, RICHARD  
Address: P.O. BOX 518  
City-St-Zip: EARLETON, FL 32631

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE L. SCHELL

DR.

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date