


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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90759 016 ***150.00

DOCUMENT # P99000089501 1. Entity Name MedRec Systems, Inc.	
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14017660

2. Principal Place of Business PO Box 721425 Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.		4. FEI Number 59-3604696 Applied For Not Applicable	
City & State Orlando, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32872-1425	Country	Zip	Country		

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Davis, Kimberley E	
Street Address (P.O. Box Number is Not Acceptable) 8467 Fort Thomas Way	
City Orlando,	FL Zip Code 32822

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 re-registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Davis, Kimberley E, President & CEO 8467 Fort Thoms Way Orlando, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kimberley E Davis* **Kimberley E Davis** **04/29/04** **407-380-9946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)