

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90013 016 \*\*\*150.00

**DOCUMENT # S23380**

1. Entity Name

**MEDICAL DIRECTIONS PUBLISHING CO., INC.**

Principal Place of Business 17516 RAINTREE CT. BOX 560040 MONTVERDE FL 34756-0040	Mailing Address 17516 RAINTREE CT. BOX 560040 MONTVERDE FL 34756-0040
--	--

80021385



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **931 VILLAGE BOULEVARD** 3. Mailing Address

Suite, Apt. #, etc. **SUITE 905-308** Suite, Apt. #, etc. **None**

City & State **WEST PALM BEACH** City & State

4. FEI Number **22-2929595** Applied For  
 Not Applicable

Zip **FL** Country **33409-1939** Zip Country

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

GREGORY, ALAN  
 17516 RAINTREE CT.  
 BOX 560040  
 MONTVERDE FL 34756-0040

Name  
 Street Address (P.O. Box Number is Not Acceptable) **931 VILLAGE BOULEVARD**  
**SUITE 905-308**  
 City **WEST PALM BEACH** FL Zip Code **33409-1939**

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 ALAN GREGORY Alan Gregory 1/9/00  
 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, 2000 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	<input type="checkbox"/> Delete
NAME	<b>GREGORY, ALAN</b>
STREET ADDRESS	<b>17516 RAINTREE COURT, PO BOX 560040</b>
CITY-ST-ZIP	<b>MONTVERDE FL <u>None</u></b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ALAN GREGORY Alan Gregory 1/8/00 561-846-9370  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)