

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90972 046 ***150.00

DOCUMENT # S23380 ✓
1. Entity Name
MEDICAL DIRECTIONS PUBLISHING Co, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PMB 308
931 VILLAGE BLVD
Suite, Apt. #, etc. SUITE 905
City & State WEST PALM BEACH FL
Zip 33404-1935 Country VIA

3. Mailing Address PMB 308
931 VILLAGE BLVD
Suite, Apt. #, etc. SUITE 905
City & State WEST PALM BEACH, FL
Zip 33409-7932 Country USA

80057535

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2929595 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALAN GREGORY
Street Address (P.O. Box Number is Not Acceptable)
None
City None 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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>ALAN GREGORY</u> <u>None</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY, TREAS</u> <u>LUCY GREGORY</u> <u>None</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Gregory President 3/24/02 561-840-9370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)