

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 15, 2001 8:00 am  
Secretary of State**

02-15-2001 90034 047 \*\*\*150.00

**DOCUMENT # V17815****1. Entity Name  
MEDISCRIBE CORPORATION****Principal Place of Business**7901 4TH STREET NORTH  
#313  
ST. PETERSBURG FL 33702**Mailing Address**7901 4TH STREET NORTH  
#313  
ST. PETERSBURG FL 33702**C0021504**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

8474 17th Way N

**3. Mailing Address**

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

St Petersburg FL

**City & State**

same

**4. FEI Number** 59-3126977

Applied For

Not Applicable

**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**DAVIDSON, ROBERTA  
8474 17TH WAY NORTH  
ST. PETERSBURG FL 33702

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.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-01

**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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS DAVIDSON, ROBERTA  
CITY - ST - ZIP 8474 17TH WAY N  
ST. PETERSBURG FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Delete  
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CITY - ST - ZIPTITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01

Date

(727) 577-2145

Daytime Phone #

CR2E034 (10/00)