

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V26006

FILED
Apr 22, 2008
Secretary of State

Entity Name: MEDSCRIBE INFORMATION SYSTEMS, INC.

Current Principal Place of Business:

3325 HENDRICKS AVE.
SUITE A
JACKSONVILLE, FL 32207

New Principal Place of Business:

800 SEA GATE DRIVE
SUITE 101
NAPLES, FL 34103

Current Mailing Address:

3325 HENDRICKS AVE.
SUITE A
JACKSONVILLE, FL 32207

New Mailing Address:

800 SEA GATE DRIVE
SUITE 101
NAPLES, FL 34103

FEI Number: 59-3119826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGLEY, JOHN A.
3325 HENDRICKS AVE.
STE A
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

LANGLEY, JOHN A.
800 SEA GATE DRIVE
STE 101
NAPLES, FL 34103 US

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:

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANGLEY, JOHN,
Address: 3325 HENDRICKS AVE., #A
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANGLEY, JOHN,
Address: 800 SAE GATE DRIVE
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN A LANGLEY

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date