

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000077186

**Entity Name:** MEDSCRIBE INC.

**Current Principal Place of Business:**

4948 WINDWARD AVE  
TEQUESTA, FL 33469

**Current Mailing Address:**

4948 WINDWARD AVE  
TEQUESTA, FL 33469

**FEI Number:** 65-0419699

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EFTHYVOULOU, LEE  
4948 WINDWARD AVE  
TEQUESTA, FL 33469 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	EFTHYVOULOU, LEE	Name	EFTHYVOULOU, MIKE
Address	4948 WINDWARD AVE	Address	4948 WINDWARD AVE
City-State-Zip:	TEQUESTA FL	City-State-Zip:	TEQUESTA FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** LEE EFTHYVOULOU

**PRESIDENT**

**02/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date