

2002 UNIFORM BUSINESS REPORT (UBR)

DUPLICATE

DOCUMENT # **G84686**

1. Entity Name
MEDWARE SOLUTIONS, INC.

FILED

02 JUL 30 PM 3: 26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1055 N DIXIE FREEWAY
 SUITE 2
 NEW SMYRNA BCH FL 32168
 US

Mailing Address
 1055 N DIXIE FREEWAY
 SUITE 2
 NEW SMYRNA BCH FL 32168
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2379020** 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

TAMM, ROBERT E.
 408 NORTH WILD OLIVE AVENUE
 DAYTONA BEACH FL 32018

Name
CT CORPORATION System
 Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD
 City **PLANTATION** FL Zip Code **33324**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PD** Delete
 NAME **WILDER, DAN**
 STREET ADDRESS **121 WHIPPOWILL DRIVE**
 CITY-ST-ZIP **PALM COAST FL 32164**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **MONACO, MARIA**
 STREET ADDRESS **5804 ALSTRUM DRIVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT** Delete
 NAME **DAVID F. BACON JR**
 STREET ADDRESS **1283 MURFREESBORO ROAD**
 CITY-ST-ZIP **NASHVILLE TN 37217**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** Delete
 NAME **R. ROBERT HORTON**
 STREET ADDRESS **1283 MURFREESBORO ROAD**
 CITY-ST-ZIP **NASHVILLE TN 37217**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 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: **R. Robert Horton, Secretary** Date **7/26/02** (615) 843-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)