


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90079 016 ***150.00

DOCUMENT # G84686
 1. Entity Name
MEDWARE SOLUTIONS, INC.




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

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address
 669 River Drive
 Center 2

City & State City & State
 Elmwood Park, NJ

Zip Country Zip Country
 07407 USA



MOORE CR2E034 (11/03)

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
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

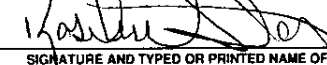
10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BACON, DAVID F JR.	
STREET ADDRESS	1283 MURFREESBORO ROAD	
CITY-ST-ZIP	NASHVILLE TN 37217	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HORTON, R. ROBERT	
STREET ADDRESS	1283 MURFREESBORO ROAD	
CITY-ST-ZIP	NASHVILLE TN 37217	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	NEWPORT, BOB A JR	
STREET ADDRESS	1283 MURFREESBORO ROAD	
CITY-ST-ZIP	NASHVILLE TN 37217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, SVP, Ast. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David C. Amburgey	
STREET ADDRESS	26 Century Blvd.	
CITY-ST-ZIP	Nashville, TN 37214	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Vuolo	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	Director, SVP, Ast. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis H. Bender	
STREET ADDRESS	116092 San Dieguito Road	
CITY-ST-ZIP	Rancho Santa Fe, CA 92067	
TITLE	Exec VP, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles A. Mela	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Corbin	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RoseAnn Stampe	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RoseAnn Stampe** **April 15, 2004** **(801) 703-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #