2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90126 001 ***150.00

DOCUMENT # P02000016447

1. Entity Name
MEDENET DATA SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3550 BUSCHWOOD PARK DR., SUITE 250 TAMPA FL 33618	3550 BUSCHWOOD PARK DR., SUITE 250 TAMPA FL 33618

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8910 N. DALE MABRY		8910 N. DALE MABRY	
Suite, Apt. #, etc.: Suite 30		Suite, Apt. #, etc.: SUITE 30	
City & State: TAMPA FLORIDA		City & State: TAMPA FLORIDA	
Zip: FL 33614	Country: U.S.A	Zip: FL 33614	Country:

4. FEI Number — ☑ 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
BLAKE, CHARLES C III 3550 BUSCHWOOD PARK DR., SUITE 250 TAMPA FL 33618	Name: MRS. VAISHALI . PATEL Street Address (P.O. Box Number is Not Acceptable): 8910 N. DALE MABRY SUITE 30 City: TAMPA FL Zip Code: 33614

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 [signature] 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Blake, Charles C III 3550 Buschwood Park Dr Tampa FL 33618 #250 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESEDENT MRS. VAISHALI. PATEL 8910 N. DALE MABRY . suite 30 TAMPA FL 33614 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 04/28/03 813-915-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #