

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047530

Entity Name: MEDED AMERICA, INC.

FILED  
Apr 26, 2004  
Secretary of State

**Current Principal Place of Business:**

3 SOUTH G STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

3 SOUTH G STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 04-3659409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RANSDELL, KARIN  
3 SOUTH G STREET  
PENSACOLA, FL 32501 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARPER, DORTHEA P  
Address: 7482 CHASE ST  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: RANSDELL, KARIN  
Address: 10 VICTORIA PLACE  
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CARPER, DORTHEA P  
Address: 5210 PHOENIX DRIVE  
City-St-Zip: MILTON, FL 32583

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: RANSDELL, MAURICE G  
Address: 10 VICTORIA PLACE  
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DORTHEA P CARPER

D

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date