

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018601

Entity Name: MEDSENSE TECHNOLOGY, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

21278 FALLS RIDGE WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

21278 FALLS RIDGE WAY
BOCA RATON, FL 33428

New Mailing Address:

PO BOX 971051
BOCA RATON, FL 33428

FEI Number: 20-2311380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVAGE, PATRICK W
21278 FALLS RIDGE WAY
BOCA RATON, FL 33428 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAVAGE, PATRICK W
Address: 21278 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: MAZER, JON G
Address: 7700 W. CAMINO REAL, SUITE 404
City-St-Zip: BOCA RATON, FL 33433

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CASEY, RICHARD
Address: 77 EAST HALSEY ROAD
City-St-Zip: PARSIPPANY, NJ 07054

Title: D () Change (X) Addition
Name: SAVAGE, PAUL E DR
Address: 1130 W CORNELIA, UNIT J
City-St-Zip: CHICAGO, IL 60657

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATRICK W SAVAGE

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date