

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083947

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: ENVISION MEDICAL SOLUTIONS, INC.

## Current Principal Place of Business:

4830 W KENNEDY BLVD STE 695  
TAMPA, FL 33609

## New Principal Place of Business:

4830 W KENNEDY BLVD  
695  
TAMPA, FL 33609 US

## Current Mailing Address:

4830 W KENNEDY BLVD STE 695  
TAMPA, FL 33609

## New Mailing Address:

4830 W KENNEDY BLVD  
695  
TAMPA, FL 33609 US

FEI Number: 20-3389462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

F & L CORP.  
ONE INDEPENDENT DR STE 1300  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

WOLFE, RANDOLPH J  
100 N. TAMPA STREET  
2700  
TAMPA, FL 33601 US

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: RANDOLPH J. WOLFE

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MINDALA, JAMES  
Address: 4830 W KENNEDY BLVD STE 695  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: PULS, JOHN L JR  
Address: 4830 W KENNEDY BLVD STE 695  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN L. PULS

D

04/05/2006

Electronic Signature of Signing Officer or Director

Date