2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # F0100000 MEDICAL SYSTEMS, INC				***			!9 ***150. (
Principal Place of Business Mailing Address 937 LONGDALE AVE. LONGWOOD, FL 32750 Mailing Address 945 937 LONGDALE AVE. LONGWOOD, FL 32750					,				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc. City & State			03182005	Chg-P	CR2E	CR2E034 (10/03)	
City & State	9				4. FEI Numbe 31-1810			Applied For Not Applicable	
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add	litional
	6. Name and Address of Currer	nt Registered Agent	- '		7. Name and	Address of New	Registered	Agent	
			Name						
45 937 LONG	EN, VERN D DALE AVE OD, FL 32750			Address (F	P.O. Box Numbe	r is Not Acceptat	ole)		
			City	•••			Fl	Zip Code	9
	ions of registered agent.		A	4.0			,	,	
SIGNATURE.	Signature manufact symmetric name of registered ago		DTE: Registered Agent signa				3/2 DATE	8/05	
FiL		9. Election Camp	paign Financing		.00 May Be ed to Fees		DATE		
FiL	Signature printed name of indistored age E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Co	paign Financing		.00 May Be ed to Fees	CHANGES TO OI	DATE		S IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

303 796 9192

Daytime Prione #