


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # F03000001299 1. Entity Name MEDSTONE INTERNATIONAL, INC. |  |
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| Principal Place of Business 100 COLUMBIA #100 ALISO VIEJO, CA 92656 | Mailing Address 100 COLUMBIA #100 ALISO VIEJO, CA 92656 |
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 66-0439440 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000062884 02/23/04-80139-011 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | C RADLINSKI, DAVID 100 COLUMBIA #100 ALISO VIEJO, CA 92656 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST SELAWSKI, MARK 100 COLUMBIA #100 ALISO VIEJO, CA 92656 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP NOVOTNY, EVA 100 COLUMBIA #100 ALISO VIEJO, CA 92656 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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: Mark Selawski 1/26/04 (949)448-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #