
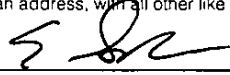


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90230 024 \*\*\*150.00

DOCUMENT # F03000002463					
1. Entity Name MEDICAL ANALYSIS SYSTEMS, INC.					
Principal Place of Business 5300 ADOLFO ROAD CAMARILLO, CA 93012		Mailing Address 5300 ADOLFO ROAD CAMARILLO, CA 93012			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0485257	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLA PENTA, DAVID T LIBERTY LANE HAMPTON, NH 03842 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAX <del>ANTHONY H. SMITH, ANTHONY A.</del> LIBERTY LANE HAMPTON, NH 03842 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCHENE, TODD LIBERTY LANE HAMPTON, NH 03842 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST T MEHTA, CHETAN P. LIBERTY LANE HAMPTON, NH 03842 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, KEVIN LIBERTY LANE HAMPTON, NH 03842 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST S/ASST T BRUNI, JAMES E. 200 PARK LANE DRIVE PITTSBURGH, PA 15275-1126 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SCHEINERMAN, ERIC 5300 ADOLFO ROAD CAMARILLO, CA 93012 <input checked="" type="checkbox"/> Delete ←	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T/S SCHEINERMAN, ERIC 46360 FREMONT BLVD FREMONT, CA 94538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEISTER, PAUL LIBERTY LANE HAMPTON, NH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST S/ASST T MICHAUD, MICHAEL K. LIBERTY LANE HAMPTON, NH 03842 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		510-979-5019			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ERIC SCHEINERMAN		Date _____ Daytime Phone # _____			

50020377



01242005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

FL Zip Code

