

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005277

FILED  
Mar 01, 2004  
Secretary of State

Entity Name: MEDISCAN SERVICES, INC.

## Current Principal Place of Business:

285 MOSES CREEK BLVD.  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

285 MOSES CREEK BLVD.  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 20-0188500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSENSTEEL, JIM  
285 MOSES CREEK BLVD.  
ST. AUGUSTINE, FL 32086

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CV ( ) Delete  
Name: ROSENSTEEL, JIM  
Address: 285 MOSES CREEK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP ( ) Delete  
Name: FUNK, FRANK  
Address: 14409 29TH ROAD  
City-St-Zip: LAKE CITY, FL 32086

Title: T ( ) Delete  
Name: FUNK, PAULA  
Address: 14409 29TH ROAD  
City-St-Zip: LAKE CITY, FL 32086

Title: S ( ) Delete  
Name: RSENSTEEL, JOAN  
Address: 285 MOSES CREEK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: ROSENSTEEL, JIM  
Address: 285 MOSES CREEK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: P (X) Change ( ) Addition  
Name: FUNK, FRANK  
Address: 14409 29TH ROAD  
City-St-Zip: LAKE CITY, FL 32086

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 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 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: JIM ROSENSTEEL

VP

03/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date