2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# F06000003187

Entity Name: MED-SOFTWARE, INCORPORATED

Current Principal Place of Business:

4425 MARTIN HIGHWAY
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

PO BOX 1097
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 20-4598315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, CHRISTOPHER M
4425 MARTIN HIGHWAY
PALM CITY, FL 34990 US

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

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: BROWN, CHRISTOPHER M
Address: 4425 MARTIN HIGHWAY
City-St-Zip: PALM CITY, FL 34990

Title: VP ( ) Delete
Name: BROWN, BARRIE L
Address: 3494 SW CANOE PLACE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: BROWN, BARRIE L
Address: 4425 MARTIN HIGHWAY
City-St-Zip: PALM CITY, FL 34990

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRIE L. BROWN VP 02/21/2007

Electronic Signature of Signing Officer or Director — Date