2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State
06-15-2004 90003 009 ***550.00

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1. Entity Name
THE MEDSTAT GROUP, INC.

54057507

Principal Place of Business	Mailing Address
777 EAST EISENHOWER PARKWAY ANN ARBOR, MI 48108	777 EAST EISENHOWER PARKWAY ANN ARBOR, MI 48108

01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1467923
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~A~~ CEO
NAME	COLE, GLENN
STREET ADDRESS	777 EEISENHOWER PKWY
CITY-ST-ZIP	ANN ARBOR, MI 48108
TITLE	~~D~~ VP+SECRETARY
NAME	~~FRIEDLAND, EDWARD A~~ POCSIK, DARREN B.
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	D
NAME	~~HULLAND, DAVID~~ GOLD, MARC E.
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	D
NAME	STANLEY, DEIDRE
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	~~A~~ CEO + PRESIDENT
NAME	HAGERTY, LAURENCE
STREET ADDRESS	777 E EISENHOWER PKWY
CITY-ST-ZIP	ANN ARBOR, MI 48108
TITLE	VP
NAME	DIEPHUIS, CAROL
STREET ADDRESS	777 E. EISENHOWER PKWY
CITY-ST-ZIP	ANN ARBOR, MI 48108

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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: _____ 6-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #