## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 19, 2005 8:00 am Secretary of State DOCUMENT # F97000001310 05-19-2005 90047 038 \*\*\*150.00 1. Entity Name THE MEDSTAT GROUP, INC. Principal Place of Business Mailing Address 777 EAST EISENHOWER PARKWAY 777 EAST EISENHOWER PARKWAY 50052913 ANN ARBOR, MI 48108 ANN ARBOR, MI 48108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05112005 Chg-P CR2E034 (10/03) City & State City & State 4. FFI Number Applied For 06-1467923 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code F١ 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CFO CFO ☐ Delete TITLE Change Addition COLE, GLENN R. COLE, GLEN NAME NAME 77 EISENHOWER PKWY. STREET ADDRESS 777 EEISENHOWER PKWY STREET ADDRESS CITY-ST-ZIP ANN ARBOR, MI 48108 CITY-ST-ZIP NN ARBOR, MI 48108 **VPS** TITLE ☐ Delete TITLE CEO Change Addition KEVIN KING NAME POCSIK, DARREN B NAME THOMSON HEALTHCARE, 5 PARAGON DR. STREET ADDRESS ONE STATION PLACE STREET ADDRESS CITY-ST-7IP STAMFORD, CT 06902 CITY-ST-ZIP MONTYALE, CT 07645 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GOLD, MARC E NAME STREET ADDRESS ONE STATION PLACE STREET ADDRESS CITY-ST-7IP STAMFORD, CT 06902 CITY-ST-ZIP TITLE D Delete TITLE ☐ Change ☐ Addition NAME STANLEY, DEIDRE NAME STREET ADDRESS ONE STATION PLACE STREET ADDRESS CITY-ST-ZIP STAMFORD, CT 06902 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME HAGERTY, LAURENCE NAME STREET ADDRESS 777 E EISENHOWER PKWY STREET ADDRESS CITY-ST-ZIP ANN ARBOR, MI 48108 CITY - ST - ZIP VΡ TITLE Delete TITLE ☐ Change ☐ Addition DIEPHIUS, CAROL NAME NAME 777 E. EISENHOWER PKWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP ANN ARBOR, MI 48108 CITY-ST-7(P

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

PED OR PRINTED NAME OF

SIGNATURE: S

Glenn K.Cole

**FILED**