## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Apr 22, 2004 8:00 am Secretary of State DOCUMENT # F97000004123 04-22-2004 90079 014 \*\*\*150.00 MEDE AMERICA CORPORATION Principal Place of Business Mailing Address 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK NJ 07407 26 CENTURY BLVD NASHVILLE TN 37214 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 11-3270245 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zio Code City FI 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD X Delete TITLE President ☐ Change Addition APKER, THOMAS P NAME NAME Tony tolcombe 26 CENTURY BLVD STE 601 STREET ADDRESS STREET ADDRESS 26 Century 31vd. CITY-ST-ZIP NASHVILLE TN 37214 CITY-ST-ZIP Nashville, TN 37214 **DCFO** TITLE ☐ Delete TITLE Change ☐ Addition Anthony Vuolo NAME VUOLO, ANTHONY NAME 669 River Drive, Center 2 669 RIVER DRIVE, CENTER 2 STREET ADDRESS STREET ADDRESS Elmosod Park, NJ 07407 CITY-ST-ZIP ELMWOOD PARK NJ 07407 CITY-ST-ZIP ☐ Delete ☐ Change X Addition TITLE TITLE (FO NAME MELE, CHARLES A NAME Andrew Corbin STREET AODRESS 669 RIVER DRIVE, CENTER 2 STREET ADDRESS 669 River Drive, Center 2 CITY-ST-ZIP CITY-ST-ZIP ELMWOOD PARK NJ 07407 Elmwood Park, NJ 07407 TITI F Addition TITLE ☐ Delete Change RoseAm Stampe RYAN, LINDA NAME NAME 26 CENTURY BLVD STE 601 STREET ADDRESS STREET ADDRESS We River Dine, Center 2 NASHVILLE TN 37214 CITY-ST-ZIP CITY-ST-ZIP Elmwood Park, No 07407 TITLE ☐ Delete TITLE Change ☐ Addition LAYMAN, KIRK G NAME NAME 669 RIVER DRIVE, CENTER TWO STREET ADDRESS STREET ADDRESS ELMWOOD PARK NJ 07407 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change FAILLA, FRANK J JR. NAME NAME 669 RIVER DRIVE, CENTER 2 STREET ADDRESS STREET ADDRESS **ELMWOOD PARK NJ 07407** CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(201) 703-3417