

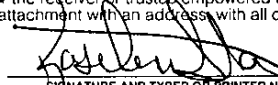


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90023 045 ***150.00

DOCUMENT # F97000004123 1. Entity Name MEDE AMERICA CORPORATION					
Principal Place of Business 26 CENTURY BLVD STE 601 NASHVILLE, TN 37214			Mailing Address 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 669 RIVER DRIVE, CENTER 2 Suite, Apt. #, etc. c/o LEGAL DEPT. City & State ELMWOOD PARK, NJ Zip Country 07407 US			
4. FEI Number 11-3270245		Applied For <input type="checkbox"/> Not Applicable		07072005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLCOMBE, TONY 26 CENTURY BLVD. NASHVILLE, TN 37214	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VUOLO, ANTHONY 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MELE, CHARLES A 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, LINDA 26 CENTURY BLVD STE 601 NASHVILLE, TN 37214	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAYMAN, KIRK G 669 RIVER DRIVE, CENTER TWO ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAILLA, FRANK J JR. 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEANN STAMPE 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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:  ROSEANN STAMPE, VP 7/7/05 (201) 703-3417 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					