


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90334 030 ***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 C/O LEGAL DEPT ELMWOOD PARK, NJ 07407
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2. Principal Place of Business 2045 MIDWAY DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TWINSBURG, OH	City & State
Zip 44087	Country

400300



01092006 Chg-P CR2E034 (11/05)

4. FEI Number 11-3270245	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
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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 _____
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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	G.M. JOHN LONG 2045 MIDWAY DRIVE TWINSBURG, OH 44087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STAMPE, ROSEANN 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAYMAN, KIRK G 669 RIVER DRIVE, CENTER TWO ELMWOOD PARK, NJ 07407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  4/12/06 (201) 703-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #