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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90175 034 \*\*\*150.00

DOCUMENT # F98000005014

1. Corporation Name  
MEDHOST, INC.



Principal Place of Business  
420 MADISON AVENUE, SUITE 1002  
TOLEDO OH 43604

Mailing Address  
420 MADISON AVENUE, SUITE 1002  
TOLEDO OH 43604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LORENZ, STEPHEN D  
STREET ADDRESS 420 MADISON AVENUE, SUITE 1002  
CITY-ST-ZIP TOLEDO OH 43604

1.1 TITLE Director  
1.2 NAME Bauders, David S.  
1.3 STREET ADDRESS Strategic Pricing Associates, Inc. 2514 Fairmount Blvd.  
1.4 CITY-ST-ZIP Cleveland, OH 44106

TITLE DV  
NAME ROCK, ERIC L  
STREET ADDRESS 11551 FOREST CENTRAL DR., SUITE 308  
CITY-ST-ZIP DALLAS TX 75243

2.1 TITLE Treasurer & Vice President  
2.2 NAME Rosen, Barry J.  
2.3 STREET ADDRESS 420 Madison Avenue, Suite 1002  
2.4 CITY-ST-ZIP Toledo, OH 43604

TITLE S  
NAME SANDERSON, J. R  
STREET ADDRESS 14651 DALLAS PARKWAY, SUITE 102  
CITY-ST-ZIP DALLAS TX 75240

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE C  
NAME MILEY, STEPHEN M  
STREET ADDRESS 929 CASE COVE DR.  
CITY-ST-ZIP NOKOMIS FL 34275

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME ROSEN, BARRY J  
STREET ADDRESS 420 MADISON AVENUE, SUITE 1002  
CITY-ST-ZIP TOLEDO OH 43604

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barry J. Rosen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99  
Date

419-241-5285  
Daytime Phone #

CR2E034 (11/98)

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