



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F98000005014 1. Entity Name MEDHOST, INC.						FILED 05 SEP 21 PM 3:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 15455 NORTH DALLAS PKWY SUITE 400 ADDISON TX 75001				Mailing Address 15455 NORTH DALLAS PKWY SUITE 400 ADDISON TX 75001			
2. Principal Place of Business 5055 Keller Springs Road Suite, Apt. #, etc. Suite 400 City & State Addison, TX Zip 75001		3. Mailing Address 5055 Keller Springs Road Suite, Apt. #, etc. Suite 400 City & State Addison, TX Zip 75001		4. FEI Number 34-1861855		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCILWRAITH, JOHN 1100 CHIUQUITA CENTER CINCINNATI OH 45202 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500059797185 09/21/05--01003--003 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD HERROD, CRAIG 32 LAKE BLUFF MONTGOMERY TX 77356 <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	D MOLNER, PHILLIP C II 5900 LANDERBROOK DRIVE STE 200 CLEVELAND OH 44124 <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	D REDMOND, DAVID L 2514 PROSPECT ROAD TAMPA FL 33629 <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	T STEWART, DOUGLAS I 6900 PRESTON RD. 1523 PLANO TX 75024 <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	<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 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: <u><i>Douglas A Stewart</i></u>				Date: <u>9-14-05</u>		Dorsime Phone: <u>972-560-3170</u>	