


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 037 ***150.00

DOCUMENT # F99000004307 1. Entity Name MEDPROSOLUTIONS, INC. OF OHIO																						
Principal Place of Business 3455 MILL RUN DRIVE HILLIARD, OH 43026		Mailing Address 3455 MILL RUN DRIVE HILLIARD, OH 43026																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Nationwide Mutual Insurance Company Attn: Roger A. Craig (1-35-16) One Nationwide Plaza Columbus, OH 43215-2220																				
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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																						
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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.																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> D EVANS, WILLIAM 3455 MILL RUN DRIVE HILLIARD, OH 43026 </td> <td style="padding: 2px;"> D FULLERTON, DANNY 3455 MILL RUN DRIVE HILLIARD, OH 43026 </td> <td style="padding: 2px;"> PD JAMES, DONNA A. ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220 </td> <td style="padding: 2px;"> PD JAMES, DONNA A. ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220 </td> </tr> <tr> <td style="padding: 2px;"> P FULLERTON, DANNY 3455 MILL RUN DRIVE HILLIARD, OH 43026 </td> <td style="padding: 2px;"> VT DOVE, CAROL 3455 MILL RUN DRIVE HILLIARD, OH 43026 </td> <td style="padding: 2px;"> ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215-2220 </td> <td style="padding: 2px;"> ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215-2220 </td> </tr> <tr> <td style="padding: 2px;"> VPS SODEN, GLENN 3455 MILL RUN DRIVE HILLIARD, OH 43026 </td> <td style="padding: 2px;"> D MOORE, MICHAEL 3455 MILL RUN DRIVE HILLIARD, OH 43026 </td> <td style="padding: 2px;"> ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215-2220 </td> <td style="padding: 2px;"> ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215-2220 </td> </tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, WILLIAM 3455 MILL RUN DRIVE HILLIARD, OH 43026	D FULLERTON, DANNY 3455 MILL RUN DRIVE HILLIARD, OH 43026	PD JAMES, DONNA A. ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220	PD JAMES, DONNA A. ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220	P FULLERTON, DANNY 3455 MILL RUN DRIVE HILLIARD, OH 43026	VT DOVE, CAROL 3455 MILL RUN DRIVE HILLIARD, OH 43026	ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215-2220	ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215-2220	VPS SODEN, GLENN 3455 MILL RUN DRIVE HILLIARD, OH 43026	D MOORE, MICHAEL 3455 MILL RUN DRIVE HILLIARD, OH 43026	ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215-2220	ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215-2220
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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: GLENN W. SODEN, ASSOC. VICE PRES. & CLERK <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JULY 9, 2004 614.249.7111 <small>Date Daytime Phone #</small>																				

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07082004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3171642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	