

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000005859

1. Entity Name
MEDADMIN SOLUTIONS, INC.



Principal Place of Business
1995 NORTH PLACE SE
SUITE #150
ATLANTA, GA 30339

Mailing Address
3106 COMMERCE PARKWAY
MIRAMAR, FL 33025



04032007 No Chg-P. CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2001712

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEDD, KENNETH J
3106 COMMERCE PARKWAY
MIRAMAR, FL 33025

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
NEDD, KENNETH J
3106 COMMERCE PARKWAY
MIRAMAR, FL 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
NEDD, LAULDI
3106 COMMERCE PKWY
HOLLYWOOD, FL 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

U000000729119
05/08/07-80029-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Kenneth J. Nedd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

954-331-6515

Daytime Phone #