

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90110 045 \*\*\*150.00

<b>DOCUMENT # F99000005859</b>					
<b>1. Entity Name</b> <b>MEDADMIN SOLUTIONS, INC.</b>					
<b>Principal Place of Business</b> <b>1995 NORTH PLACE SE</b> <b>SUITE #150</b> <b>ATLANTA, GA 30339</b>			<b>Mailing Address</b> <b>3106 COMMERCE PARKWAY</b> <b>MIRAMAR, FL 33025</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <i>3114 Commerce Parkway</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>MIRAMAR FL</i>		<b>4. FEI Number</b> <b>58-2001712</b>	
Zip		Country		Zip <i>FL 33025</i>	
Country <i>USA</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>NEDD, KENNETH J</b> <b>3106 COMMERCE PARKWAY</b> <b>MIRAMAR, FL 33025</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <i>3114 Commerce Parkway</i> City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEDD, KENNETH J 3106 COMMERCE PARKWAY MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3114 Commerce Parkway	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEDD, LAULDI 3106 COMMERCE PKWY HOLLYWOOD, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3114 Commerce Parkway	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kenneth J. Nedd</i>			4/30/08		954-331-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #