2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # G61806 A MEDICAL EXCHANGE O	DF SARASOTA, INC.			04-29-200			50.00	
Principal Place	e of Business	Mailing Address	<u> </u>		140	11790)		
6431 CENTRAL AVE PO BOX 40750		PO BOX 40750 ST. PETERSBURG, FL 337	0750					MWB: 41 1291	
2. Principal P	lace of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State		4. FEI Number 59-2378			<u> </u>	pplied For ot Applicable	
Zip	Country	33743-0750	Country		f Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New	Registered A	Agent		
BAUR, CYNTHIA J S41 BAY PLAZA SAINT PETERSBURG, FL. 33706-				Street Address (P.O. Box Number is Not Acceptable)					
SAINT 1 L	TEROBORG, 12, 00700								
	6.7.		S# P	ETERSBU	 12.6	FL	73 Sept	110	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its reg	gistered office or re	gistered agent, or both	, in the State of	Florida. I am i	amiliar with,	and accept	
SIGNATURE_	* ₄ 5,4								
O G T T T O T I E E	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature r	required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
FIL	Signature, typed or printed name of registered agent Property of the Property	9. Election Campaign	Financing	\$5.00 May Be Added to Fees		DATE			
FIL	E NOWIII FEE IS \$150.00	9. Election Campaign Trust Fund Contribu	Financing	\$5.00 May Be Added to Fees	CHANGES TO O		DIRECTOR	S IN 11	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaign Trust Fund Contribu	Financing ution.	\$5.00 May Be Added to Fees	CHANGES TO O		DIRECTOR:	S IN 11	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550. OFFICERS AND PD BAUR, CYNTHIA J	9. Election Campaign Trust Fund Contribu	Financing ution. 11. TITLE NAME	\$5.00 May Be Added to Fees	_	FFICERS AND	•••		
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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 attagramment with an address, with all other like empsewered.

SIGNATURE: