

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G84686**

1. Entity Name
MEDWARE SOLUTIONS, INC.

FILED

02 JUL 30 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1055 N DIXIE FREEWAY
SUITE 2
NEW SMYRNA BCH FL 32168
US**

Mailing Address
**1055 N DIXIE FREEWAY
SUITE 2
NEW SMYRNA BCH FL 32168
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2379020**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

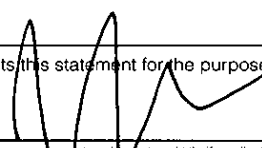
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAMM, ROBERT E.
408 NORTH WILD OLIVE AVENUE
DAYTONA BEACH FL 32018**

Name
CT CORPORATION System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD
City
PLANTATION FL Zip Code
33324

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **WILDER, DAN**
STREET ADDRESS **121 WHIPPORWILL DRIVE**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **MONACO, MARIA**
STREET ADDRESS **5804 ALSTRUM DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Delete
NAME **DAVID F. BACUN JR**
STREET ADDRESS **1283 MURFREESBORO ROAD**
CITY-ST-ZIP **NASHVILLE TN 37217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete
NAME **R. ROBERT HORTON**
STREET ADDRESS **1283 MURFREESBORO ROAD**
CITY-ST-ZIP **NASHVILLE TN 37217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **R. Robert Horton, Secretary** 7/26/02 (615) 843-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)