2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # G84686 1. Entity Name 04-22-2004 90079 016 ***150.00 MEDWARE SOLUTIONS, INC. Mailing Address Principal Place of Business 1055 N DIXIE FREEWAY 1055 N DIXIE FREEWAY SUITE 2 NEW SMYRNA BCH FL 32168 NEW SMYRNA BCH FL 32168 2. Principal Place of Business 3. Mailing Address 669 River Drive Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Center 2 Applied For City & State City & State 4. FEI Number 59-2379020 Elmward Park, Not Applicable Country \$8.75 Additional Zíp Country 5. Certificate of Status Desired Fee Required 07407 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Director, SVP, Ast. Sec. Change **X** Addition M Delete TITLE TITLE BACON, DAVID F JR. MANIE Dovid C. Ambrigey NAME STREET ADDRESS STREET ADDRESS 1283 MURFREESBORO ROAD 26 Century Blud. CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37217 Noshville, TN 37214 Change Addition 🔀 Delete Director TITLE TITLE Arthony Vuolo HORTON, R. ROBERT NAME NAME Lele River Drive, Center 2 STREET ADDRESS 1283 MURFREESBORO ROAD STREET ADDRESS NASHVILLE TN 37217 CITY-ST-7IP CITY-ST-ZIP Elmward Park, NJ 07407 Change 🔀 Addition Director, SVP, Ast. Sec. **Delete** TITLE TITLE Lewis H. beidan NAME NEWPORT, BOB A JR 16092 San Diegvito Road STREET ADDRESS STREET ADDRESS 1283 MURFREESBORO ROAD Rancho Santa Fe, CA 92067 CITY-ST-7IP CITY-ST-7IP NASHVILLE TN 37217 Exec UP, Secretary X Addition ☐ Delete TITLE TITLE Charles A. Mela NAME NAME 669 River Drive, Center 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Elmwood Park, NJ 07407 CITY-ST-ZIP ☐ Change **Addition** ☐ Delete TITLE CF0 TITLE Andrew Corbin NAME NAME WA River Drive, Center 2 Elmusood Park, No 07407 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ٧P ☐ Change **X** Addition TITLE ☐ Delete TITLE RoseAnn Stampe NAME NAME WA River Drive, anter 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Elmwood Park, DI 07407

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

SIGNATURE:

an address

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(a01)703-3400

Daytime Phone #