

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84686

Entity Name: MEDWARE SOLUTIONS, INC.

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

1055 N DIXIE FREEWAY
SUITE 2
NEW SMYRNA BCH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

669 RIVER DRIVE, CENTER 2
C/O LEGAL DEPT
ELMWOOD PARK, NJ 07407 US

New Mailing Address:

56 TECHNOLOGY DRIVE
C/O LEGAL DEPT
IRVINE, CA 92618 US

FEI Number: 59-2379020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VUOLO, ANTHONY
Address: 669 RIVER DRIVE, CENTER 2
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: DSVP () Delete
Name: LEICHER, LEWIS A
Address: 16092 SAN DIEGUITO ROAD
City-St-Zip: RANCHO SANTA FE, CA 92067

Title: EVPS () Delete
Name: MELE, CHARLES
Address: 669 RIVER DRIVE, CENTER 2
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: CEOX (X) Delete
Name: CORBIN, ANDREW
Address: 669 RIVER DR, CTR-2
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: VP (X) Delete
Name: STAMPE, ROSEANN
Address: 669 RIVER DRIVE, CENTER 2
City-St-Zip: ELMWOOD PARK, NJ 07407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/V (X) Change () Addition
Name: WALTERS, JEANNE
Address: 2202 N. WEST SHORE BLVD., SUITE 300
City-St-Zip: TAMPA, FL 33607

Title: D/P (X) Change () Addition
Name: CORBIN, ANDREW
Address: 2202 N. WEST SHORE BLVD., SUITE 300
City-St-Zip: TAMPA, FL 33607

Title: V/S (X) Change () Addition
Name: LIVENGOOD, JANET S
Address: 2202 N. WEST SHORE BLVD., SUITE 300
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET S. LIVENGOOD

V/S

01/22/2007

Electronic Signature of Signing Officer or Director

Date