

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11075

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: MEDWARE, INC.

**Current Principal Place of Business:**

2250 LUCIEN WAY  
SUITE 305  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2250 LUCIEN WAY  
SUITE 305  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 59-2962333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLANNERY, DONALD J.  
597 RIVERWOODS TRAIL  
CHULUOTA, FL 32766      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: DPT ( ) Delete  
Name: FLANNERY, DONALD J.,  
Address: 597 RIVERWOODS TR  
City-St-Zip: CHULUOTA, FL

Title: DVS ( ) Delete  
Name: FLANNERY, KEITH J.,  
Address: 7908 LAKEDAWN DR.  
City-St-Zip: ORLANDO, FL 32792

Title: DVS ( ) Delete  
Name: FLANNERY, EARL D  
Address: 2899 STRAND CIR  
City-St-Zip: OVIEDO, FL 32765

Title: DVT ( ) Delete  
Name: FLANNERY, LAURA V  
Address: 597 RIVER WOODS TR  
City-St-Zip: CHULUOTA, FL 32766

Title: DVT ( ) Delete  
Name: FLANNERY, LEE A  
Address: 3075 HIDDEN RIVER CT  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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 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: DONALD J. FLANNERY

Electronic Signature of Signing Officer or Director

P

04/06/2004

\_\_\_\_\_ Date