2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L11075

Entity Name: MEDWARE, INC.

Current Principal Place of Business:

1500 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1500 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708

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: 25 ELLINGTON PLACE
City-St-Zip: OVIEDO, FL 32765

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

Title: DVT ( ) Delete
Name: FLANNERY, LEE A
Address: 850 LOOKOUT POINTE
City-St-Zip: CHULUOTA, FL 32766

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 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: DONALD J FLANNERY DPT 03/16/2009

Electronic Signature of Signing Officer or Director Date