

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011217

Entity Name: MED-I-PAY PROCESSING, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

1835 E HALLANDALE BCH BLVD
STE 228
HALLANDALE, FL 33009

Current Mailing Address:

527 LESLIE DR
HALLANDALE, FL 33009

New Principal Place of Business:

1905 BERMUDA CIRCLE
D-4
COCONUT CREEK, FL 33066

New Mailing Address:

1905 BERMUDA CIRCLE
D-4
COCONUT CREEK, FL 33066

FEI Number: 65-0981906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, SAMELA E
527 LESLIE DR
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

GOLDBERG, SAMELA E
1905 BERMUDA CIRCLE
D-4
COCONUT CREEK, FL 33066 US

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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDBERG, SAMELA E
Address: 527 LESLIE DR
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOLDBERG, SAMELA E
Address: 1905 BERMUDA CIRCLE, D-4
City-St-Zip: COCONUT CREEK, FL 33066

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: SAMELA E. GOLDBERG

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date