

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052259

FILED
May 23, 2005
Secretary of State

Entity Name: TOTAL MED NETWORK INC.

Current Principal Place of Business:

4905 BELFORD RD.
SUITE 110
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

4905 BELFORD RD.
SUITE 110
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3652415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, WILLIAM E
8282 WESTERN WAY STE 1105
SUITE 110
JACKSONVILLE, FL 32256 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CTS () Delete
Name: SHIELDS, WILLIAM E
Address: 11684 OLDE MANDARIN RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD () Delete
Name: REA, CHRISTOPHER
Address: 37 MONTEREY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: OPHILLIPS, NATHANIEL III
Address: 826 UNION ST, STE 200
City-St-Zip: NEW ORLEANS, LA 70112

Title: D () Delete
Name: BURGESS, GEORGE E DR
Address: 4000 ESSEN LANE
City-St-Zip: BATON ROUGE, LA 70809

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:

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: WILLIAM E. SHIELDS

CTS

05/23/2005

Electronic Signature of Signing Officer or Director

_____ Date