

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066253

FILED
Apr 30, 2004
Secretary of State

Entity Name: MEDQUAY, INC.

Current Principal Place of Business:

8466 N LOCKWOOD RIDGE RD, STE 337
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

8466 N LOCKWOOD RIDGE RD, STE 337
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-1025583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITHERSPOON, JONATHON B
8466 N LOCKWOOD RIDGE RD, STE 337
SARASOTA, FL 34243

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: PD () Delete
Name: WITHERSPOON, JONATHON B
Address: 8466 N LOCKWOOD RIDGE RD, STE 337
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: WITHERSPOON, RACHEL
Address: 8466 N LOCKWOOD RIDGE RD, STE 337
City-St-Zip: SARASOTA, FL 34243

Title: SD () Delete
Name: VEALE, JUDY
Address: 8466 N LOCKWOOD RIDGE RD, STE 337
City-St-Zip: SARASOTA, FL 34243

Title: VD () Delete
Name: ALDERSON, MARY
Address: 8466 N LOCKWOOD RIDGE RD, STE 337
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: HILL, WASHINGTON
Address: 8466 N LOCKWOOD RIDGE RD, STE 337
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: LEWIS, CHRISTOPHER
Address: 8466 N LOCKWOOD RIDGE RD, STE 337
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: WITHERSPOON, RACHAEL
Address: 8466 N LOCKWOOD RIDGE RD, STE 337
City-St-Zip: SARASOTA, FL 34243

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: RACHAEL WITHERSPOON

TD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date