2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085801

City-St-Zip:

ORLANDO, FL 32803

FILED Apr 26, 2006 Secretary of State

Entity Na	me: MEDI-PA	WS II, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3901 E COLONIAL DR ORLANDO, FL 32803			Α	3901 E COLONIAL DR A ORLANDO, FL 32803	
Current Mailing Address:				New Mailing Address:	
	DLONIAL DR D, FL 32803				
FEI Number	: 59-3135168	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
ADAMS, N. LOIS 633 E. COLONIAL DRIVE ORLANDO, FL 32803 US				ADAMS, N. LOIS 3901 E. COLONIAL DRIVE ORLANDO, FL 32803 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/26/2006	
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD (ADAMS, N LOI 3901 E COLOI ORLANDO, FL	NIAL DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BISZICK, MER 3901 E COLOI ORLANDO, FL	NIAL DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T (MCCULLY, PH 3901 E COLOI		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: N. LOIS ADAMS Ρ 04/26/2006