2004 FOR PROFIT CORPORATION

Jan 26, 2004 8:00 am Secretary of State ANNUAL REPORT 01-26-2004 90059 027 ***158.75 DOCUMENT # P00000106430 1. Entity Name CLINICAL MESSAGING, INC. Principal Place of Business Mailing Address 1011 NORTH 35TH AVENUE 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$8:75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BARBER, BARY S DO NOT WRITE 1011 N 35TH AVE HOLLYWOOD, FL 33021 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BARBER, GARY S NAME 1011 NORTH 35TH AVENUE STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP IN THIS SPACE NAM-

lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information terport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director exemption to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information sup-indicated on this report or supplementa of the corporation or the receiver or tru changed, or on an attach

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-S1-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED