


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000036505 1. Entity Name MEDSOLUTIONS INTERNATIONAL, INC. |  |
|--|---|

Principal Place of Business
1170 W SR 434
STE. 499
LONGWOOD, FL 32750

Mailing Address
P.O. BOX 521355
LONGWOOD, FL 32752



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 59-3709157 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SWIER, RAYMOND
1170 W SR 434
STE. 499
LONGWOOD, FL 32750

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD CROOKER, KEN 1170 W SR 434, STE. 499 LONGWOOD, FL 32750 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPSD SWIER, RAYMOND 1170 W SR 434, STE. 499 LONGWOOD, FL 32750 |
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U000000186502
01/21/05-80060-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond Swier, VP, S, D

1/18/2005 (407)257-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #