2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000076177

1. Entity Name
MEDNET CONNECTION, INC

Principal Place of Business
7221 JASMIN DRIVE
NEW PORT RICHEY, FL 34652

Mailing Address
7221 JASMIN DRIVE
NEW PORT RICHEY, FL 34652

03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3733401
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, DONNA K RN
7221 JASMIN DRIVE
NEW PORT RICHEY, FL 34652

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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 of a new or resigning registered agent (if applicable) (Required) (If filing Registered Agent signature required on back of filing) DATE

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	PD
NAME	TAYLOR, GERARD J PHD
STREET ADDRESS	7221 JASMIN DRIVE
CITY ST ZIP	NEW PORT RICHEY, FL 34652
TITLE	STD
NAME	TAYLOR, DONNA K RN
STREET ADDRESS	7221 JASMIN DRIVE
CITY ST ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
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CITY ST ZIP	

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04/04/05-80015-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with a title like empowered.

SIGNATURE: Donna Taylor RN DONNA TAYLOR, RN 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE