

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90139 015 ***150.00

STATE OF FLORIDA

DOCUMENT # P02000000727

1. Entity Name
AED MED DIRECT, INC.



Principal Place of Business
**1608 LAMPLIGHTER WAY
ORLANDO FL 32818**

Mailing Address
**1608 LAMPLIGHTER WAY
ORLANDO FL 32818**

2. Principal Place of Business
148 W. STATE RD 434
Suite, Apt. #, etc.

3. Mailing Address
148 W STATE RD 434
Suite, Apt. #, etc.

City & State
WINTER SPRINGS, FL

City & State
WINTER SPRINGS FL

Zip
32708

Country
USA

Zip
32708

Country
USA

4. FEI Number
03-0388475

Applied For
 Not Applicable

5: Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HARTPENCE, CRAIG
1608 LAMPLIGHTER WAY
ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name
TODD M HUSTY

Street Address (P.O. Box Number is Not Acceptable)
148 W STATE ROAD 434

City
WINTER SPRINGS FL Zip Code
32708

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 **4/1/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	P <input type="checkbox"/> Delete HARTPENCE, CRAIG 1608 LAMPLIGHTER WAY ORLANDO FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director TODD M HUSTY 5690 S LAKE BURKETT LN WINTER PARK FL 32782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other info empowered.

SIGNATURE:  **Todd M. Husty** DATE: **4/1/03** DAYTIME PHONE #: **407 679 6794**

CR2E034 (10/02)