

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90043 025 ***150.00

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000016447 1. Entity Name MEDENET, INC.			
Principal Place of Business 8910 N DALE MABRY SUITE 30 TAMPA, FL 33614		Mailing Address 8910 N DALE MABRY SUITE 30 TAMPA, FL 33614	
2. Principal Place of Business 3637 4TH STREET N. Suite, Apt. #, etc. Suite # 400		3. Mailing Address 3637 4TH STREET N. Suite, Apt. #, etc. SUITE # 400	
City & State ST. PETERSBURG FL Zip 33704		City & State ST. PETERSBURG FL Zip 33704	
Country PINELLAS		Country PINELLAS	
4. FEI Number 03-0459795		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, VAISHALI MRS. 8910 N DALE MABRY SUITE 30 TAMPA, FL 33614		7. Name and Address of New Registered Agent Name PATEL VAISHALI MRS. Street Address (P.O. Box Number is Not Acceptable) 3637 4TH STREET N. #400 City ST. PETERSBURG FL Zip Code 33704	
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 SHAIENDRA PATEL - PRESIDENT 1/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, VAISHALI MRS 8910 N DALE MABRY SUITE 30 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, VAISHALI MRS. 3637 4TH STREET N. #400 ST. PETERSBURG, FL- 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SHAIENDRA MR. 8910 N DALE MABRY SUITE 30 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SHAIENDRA MR. 3637 4TH STREET N. #400 ST. PETERSBURG, FL- 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 like empowered.			
SIGNATURE: SHAIENDRA PATEL 1/14/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/14/04 Daytime Phone # (727) 823-2188	