

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019120

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: MEDICAL DATA SERVICE CORP.

## Current Principal Place of Business:

303 SE 17 STREET  
309-133  
OCALA, FL 34471

## New Principal Place of Business:

## Current Mailing Address:

303 SE 17 STREET  
309-133  
OCALA, FL 34471

## New Mailing Address:

FEI Number: 65-1058821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUHN, DANIEL  
2320 NE 2 ST, STE 2A  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

ANDREWS, ROBERT L  
303 SE 17 ST  
#309-133  
OCALA, FL 34471 US

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.

SIGNATURE: ROBERT L. ANDREWS

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BLANDO, DANIEL  
Address: 303 SE 17 ST #309-133  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: ANDREWS, ROBERT L  
Address: 303 SE 17 ST #309-133  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ANDREWS, ROBERT L  
Address: 303 SE 17 ST #309-133  
City-St-Zip: OCALA, FL 34471

Title: D (X) Change ( ) Addition  
Name: ZARATE, DEBBIE J  
Address: 303 SE 17 ST #309-133  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIRECTOR / ROBERT L. ANDREWS

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date