

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90005 017 ***150.00

DOCUMENT # P02000034893

1. Entity Name
MEDAMERICA, INC.



Principal Place of Business
**765 SW 15TH AVENUE
DELRAY BEACH, FL 33444**

Mailing Address
**765 SW 15TH AVENUE
DELRAY BEACH, FL 33444**



2. Principal Place of Business
**7300 W. CAMINO REAL
Suite, Apt. #, etc.
STE 203**

3. Mailing Address
**7300 W. CAMINO REAL
Suite, Apt. #, etc.
STE 203**

07192004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL
Zip
33433
Country
USA

City & State
BOCA RATON, FL
Zip
33433
Country
USA

4. FEI Number
32-0008214
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WESTERMARCK, JOEL
6865 NW 28TH STREET
POMPANO BEACH, FL 33063**

7. Name and Address of New Registered Agent

Name **ROBERTI, GERALD**
Street Address (P.O. Box Number is Not Acceptable)
7300 W. CAMINO REAL STE 203
City **BOCA RATON** **FL** Zip Code **33433**

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 **GERALD ROBERTI, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/20/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROBERTI, GERALD**
STREET ADDRESS **21 SE 8TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **VP** ☐ Delete
NAME **WESTERMARCK, JOEL**
STREET ADDRESS **6865 NW 28TH STREET**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **GERALD J. ROBERTI, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/04 (561) **314-9040**
Date Daytime Phone #