2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060999

Entity Name: MEDEXSTAT, INC.

City-St-Zip:

Apr 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1500 OCEAN DR. UNIT 1003 100 SOUTH POINTE DR MIAMI BCH, FL 33139 2609 MIAMI BCH, FL 33139 **Current Mailing Address: New Mailing Address:** 1500 OCEAN DR, #1003 100 SOUTH POINTE DR MIAMI BCH, FL 33139 2609 MIAMI BCH, FL 33139 FEI Number: 05-0533843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGENTS AND CORPORATIONS, INC. 773 4TH AVE NORTH NAPLES, FL 34102 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PEARSON, CLIVE J Name: Name: 1500 OCEAN DR. UNIT 1003 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: SOUTH, DR. LANNY Name: 1500 OCEAN DR. UNIT 1003 Address: Address: MIAMI BEACH, FL 33139

City-St-Zip:

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.

Ρ SIGNATURE: CLIVE J. PEARSON 04/25/2004