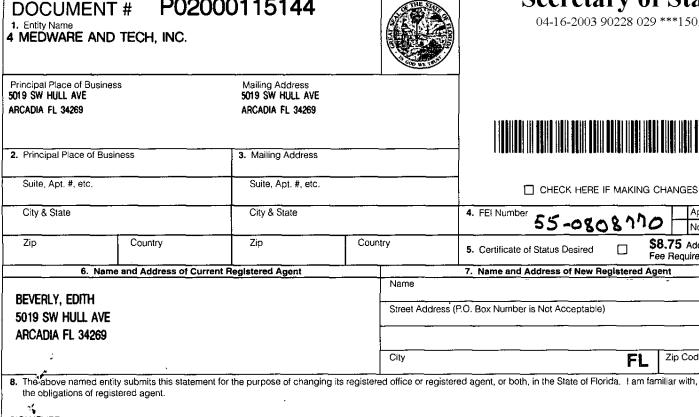
FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90228 029 ***150.00

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

P02000115144 **DOCUMENT #** 1. Entity Name 4 MEDWARE AND TECH, INC. Principal Place of Business



Applied For 55-0808170 Not Applicable

\$8.75 Additional Fee Required

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change Addition BEVERLY, EDITH NAME NAME 5019 SW HULL AVE STREET ADDRESS STREET ADDRESS ARCADIA FL 34269 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BEVERLY, SONYA N NAME 5019 SW HULL AVE STREET ADDRESS STREET ADDRESS ARCADIA FL 34269 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition Beverly, Alexis e NAME NAME 5019 SW HULL AVE STREET ADDRESS STREET ADDRESS ARCADIA FL 34269 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition Beverly, Lloyd Jr NAME 5019 SW HULL AVE STREET ADDRESS STREET ADDRESS ARCADIA FL 34269 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR