

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133207

FILED
May 04, 2005
Secretary of State

Entity Name: MEDSOURCE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1495 SOUTH VOLUSIA
101
DEBARY, FL 32763

New Principal Place of Business:

1495 SOUTH VOLUSIA
101
ORANGE CITY, FL 32763

Current Mailing Address:

1495 SOUTH VOLUSIA
101
DEBARY, FL 32763

New Mailing Address:

1495 SOUTH VOLUSIA
101
ORANGE CITY, FL 32763

FEI Number: 55-0816658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWLING, LAURIE
1495 SOUTH VOLUSIA AVE
DEBARY, FL 32763 US

Name and Address of New Registered Agent:

BOWLING, LAURIE
1495 SOUTH VOLUSIA AVE
ORANGE CITY, FL 32763 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:

05/04/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOWLING, LAURIE
Address: 2845 CHARMONT DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: LAURIE BOWLING

PRES

05/04/2005

Electronic Signature of Signing Officer or Director

Date