2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004
Secretary of State

DOCUMENT# P03000025597

Entity Name: MEDNOVA, INC.

Current Principal Place of Business:

1835 NORTH HIGHWAY AIA
#303
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

1835 NORTH HIGHWAY AIA
#303
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 01-0678128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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

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:	PCEO	( ) Delete
Name:	PATEL, ANIL J	
Address:	1835 NORTH HIGHWAY AIA #303	
City-St-Zip:	INDIALANTIC, FL 32903	
Title:	D	( ) Delete
Name:	GADODIA, GOPAL MD	
Address:	2290 WEST EAU GALLIE BLVD. SUITE 200	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	STD	( ) Delete
Name:	DESAI, SHASHIN MD	
Address:	2290 WEST EAU GALLIE BLVD. SUITE 200	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	D	( ) Delete
Name:	PATEL, ANIL J	
Address:	1835 NORTH HIGHWAY AIA #303	
City-St-Zip:	INDIALANTIC, FL 32903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ANIL PATEL PCEO 08/02/2004

Electronic Signature of Signing Officer or Director — Date