

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/14

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90002 014 \*\*\*150.00

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| <b>DOCUMENT # P03000065465</b><br>1. Entity Name<br><b>MEDSCAN, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| Principal Place of Business<br><b>5910 CATTLEDGE ROAD<br/>SUITE C<br/>SARASOTA, FL 34232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   | Mailing Address<br><b>5910 CATTLEDGE ROAD<br/>SUITE C<br/>SARASOTA, FL 34232</b>                                                                                                                              |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 2. Principal Place of Business<br><b>3501 CATTLEDGE RD<br/>SUITE C<br/>SARASOTA, FL<br/>34232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | 3. Mailing Address<br><b>3501 CATTLEDGE RD<br/>SUITE C<br/>SARASOTA, FL<br/>34232</b>                                                                                                                         |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 4. FEI Number<br><b>20-0040057</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                        |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | 66431002<br>                                                                                                                                                                                                  |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 5. Name and Address of Current Registered Agent<br><b>SMITH, DARRELL C<br/>101 EAST KENNEDY BLVD.<br/>SUITE 2800<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | 7. Name and Address of New Registered Agent<br><b>PETER OIBO<br/>3501 CATTLEDGE RD<br/>SUITE C<br/>SARASOTA, FL 34232</b>                                                                                     |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 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.<br>SIGNATURE:<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | 9. Election Campaign Financing<br><input type="checkbox"/> \$5.00 May Be Added to Fees: <input type="checkbox"/> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP<br/> <b>PRESIDENT<br/>GEORGE E HANNESSEY<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b> </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;"> <b>VIP<br/>DAN BARRA<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b> </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;"> <b>VIP<br/>TOM WUTHRINGER<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b> </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;"> <b>VIP<br/>PETER OIBO<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b> </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> </table> |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PRESIDENT<br/>GEORGE E HANNESSEY<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b>                                                                | <input type="checkbox"/> Delete | <b>VIP<br/>DAN BARRA<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b> | <input type="checkbox"/> Delete | <b>VIP<br/>TOM WUTHRINGER<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b> | <input type="checkbox"/> Delete | <b>VIP<br/>PETER OIBO<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PRESIDENT<br/>GEORGE E HANNESSEY<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                   |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| <b>VIP<br/>DAN BARRA<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                   |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| <b>VIP<br/>TOM WUTHRINGER<br/>3501 CATTLEDGE RD SUITE C<br/>SARASOTA, FL 34232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                   |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                   |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                   |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 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 files empowered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| SIGNATURE:<br><small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                                                                                                                                                               |                                 |                                                                               |                                 |                                                                                    |                                 |                                                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |