

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90165 002 ***150.00

DOCUMENT # P03000065465					
1. Entity Name MEDSCAN, INC.					
Principal Place of Business 3501 CATTLEMAN RD SUITE C SARASOTA, FL 34232			Mailing Address 3501 CATTLEMAN RD SUITE C SARASOTA, FL 34232		
2. Principal Place of Business 5922 CATTLEMAN LANE Suite, Apt. #, etc. SUITE 101 City & State SARASOTA, FL Zip 34232 Country SARASOTA		3. Mailing Address 5922 CATTLEMAN LANE Suite, Apt. #, etc. SUITE 101 City & State SARASOTA, FL Zip 34232 Country SARASOTA		40078060 	
04172006 Chg-P CR2E034 (11/05)		4. FEI Number 20-0040057		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BIBB, PETER 3501 CATTLEMAN RD STE C SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name <u>PETER BIBB</u> Street Address (P.O. Box Number is Not Acceptable) 5922 CATTLEMAN LANE, SUITE 101 City <u>SARASOTA</u> <u>FL</u> Zip Code <u>34232</u>		
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. SIGNATURE: <u>[Signature]</u> DATE: <u>4/21/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAUNNESSY, GEORGE 3501 CATTLEMAN RD STE C SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5922 CATTLEMAN LANE, SUITE 101 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAFIA, DANIEL 3501 CATTLEMAN RD STE C SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5922 CATTLEMAN LANE, SUITE 101 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUTHRINGER, TOM 3501 CATTLEMAN RD STE C SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5922 CATTLEMAN LANE, SUITE 101 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/21/2006</u> Daytime Phone #		