2004 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCU 1. Entity Nam TWGMED | | 484 | | | FILED 04 OCT -6 PH 3: 15 |
|---|--|--|---|--|--|
| Principal Plac | ce of Business | Mailing Address | _ | | |
| 3461 SW 2ND AVE 3461 SW 2ND AVE #323 #323 | | | | SECRETARI UFSTATE ALLAHASSEE, FLORIDA | |
| GAINESVILLE, FL 32607 US GAINESVILLE, FL 3260 | | v US | | | |
| 2. Principal Place of Business 3334 W. WINSSITY AT 3224 W. UNI | | | VERSITY A | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | VERSII //V | 09292004 Chg-P | CR2E034 (10/03) |
| City & State | | City & State | | 4. FEI Number | Applied For |
| GAIN | | GAINGSVILLS | F | 20-01/600 | Not Applicable |
| 72607 | Country | Zip 27/07 | Country | 5. Certificate of Status Desire | sd S8.75 Additional Fee Required |
| 5 6607 | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of Ne | |
| KOLINSKI, KEVIN J | | | | | |
| 3461 SW | | - | Street Addres | ss (P.O. Box Number is Not Accept | 3/1/0 |
| #323 GAINESV | ILLE, FL 32607 | | # | 44 | N.V.Z |
| | | | City | 2.1/5/11/ | FL 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 | | | | | |
| the obligations of registered agent. | | | | | |
| SIGNATURE Signature—VPPP or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| ignature whole or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 1 | LE NOWIII FEE IS \$150.00 ue by September 8, 2004 | 9. Election Campaig Trust Fund Contril | · " . | \$5.00 May Be In accordance corporation | ce with s. 607.193(2)(b), F.S., the did not receive the prior notice. |
| 10. | . OFFICERS AND | D.0000T000 | | | |
| TITLE | OFFICERS AND | | 11. | ADDITIONS/CHANGES TO | OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME | P KOLINSKI, KEVIN J | DIRECTORS Delete | TITLE NAME | UNISVI VEVIN J | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | P KOLINSKI, KEVIN J 3461 SW 2ND AVE #323 | | TITLE NAME STREET ADDRESS | 251051T - | ☐ Change ☐ Addition |
| NAME | P KOLINSKI, KEVIN J | ☐ Delete | TITLE NAME | UNISVI VEVIN J | □ Change □ Addition O V-148 3007 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | P KOLINSKI, KEVIN J 3461 SW 2ND AVE #323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | ESIDSIT UNISKI, KEUM J TOI NUI 3380 BIU ANGSVILLE, FI. 1.00041 | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | P KOLINSKI, KEVIN J 3461 SW 2ND AVE #323 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ESIDENT UNISU KEUM J TOI NU 3320 BLU AMESUILE FI | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | P KOLINSKI, KEVIN J 3461 SW 2ND AVE #323 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ESIDSIT UNISKI, KEUM J TOI NUI 3380 BIU ANGSVILLE, FI. 1.00041 | Change Addition |
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