


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90113 006 \*\*\*150.00

<b>DOCUMENT # P03000118123</b> 1. Entity Name <b>EMEDSOFT.COM, INC.</b>			
Principal Place of Business <b>2435 US HWY 19 N STE 530 HOLIDAY, FL 34691</b>		Mailing Address <b>2435 US HWY 19 N STE 530 HOLIDAY, FL 34691</b>	
2. Principal Place of Business <b>5044 BLUE HERON DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>5044 BLUE HERON DRIVE</b> Suite, Apt. #, etc.	
City & State <b>NEW Port RICHY, FL</b> Zip <b>34652</b>		City & State <b>NEW Port RICHY, FL</b> Zip <b>34652</b>	
4. FEI Number <b>20-0677644</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GERMINI, MICHAEL 921 E KLOSTERMAN RD TARPON SPRINGS, FL 34689</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICKSON, STEVE 2435 US HWY 19 N STE 530 HOLIDAY, FL 34691	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEVE ERICKSON 5044 BLUE HERON DR. NEW Port RICHY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIOUTUSZYNSKI, JIM 1647 HARBOR OAKS DR TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LORI ERICKSON 5044 BLUE HERON DR. NEW Port RICHY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERICKSON, LORI 2435 US HWY 19 N STE 530 HOLIDAY, FL 34691	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LORI ERICKSON 5044 BLUE HERON DR. NEW Port RICHY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 like empowered.			
SIGNATURE: <b>STEVE ERICKSON</b>		Date: <b>6/30/04</b> Daytime Phone #: <b>727.949-5910</b>	