

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000088851

FILED
Nov 04, 2005
Secretary of State

Entity Name: MEDICAL EVALUATION DISCOUNT SERVICES, INC.

Current Principal Place of Business:

3001 N ROCKY POINT
SUITE 200
TAMPA, FL 33606 US

New Principal Place of Business:

8393 NORTHCLIFFE BLVD
SPRING HILL, FL 34608 US

Current Mailing Address:

3001 N ROCKY POINT
SUITE 200
TAMPA, FL 33606 US

New Mailing Address:

8393 NORTHCLIFFE BLVD
SPRING HILL, FL 34608 US

FEI Number: 83-0379780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIORILLO, PETER
6383 DART MOUTH AVE
ST PETER, FL 33606 US

Name and Address of New Registered Agent:

DONNELLY, GEORGE A
8393 NORTHCLIFFE BLVD
SPRING HILL, FL 34608 US

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: GEORGE A DONNELLY

11/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FIORILLO, PETER
Address: 3001 N ROCKY POINT , SUITE 200
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DONNELLY, GEORGE A
Address: 8393 NORTHCLIFFE BLVD
City-St-Zip: SPRING HILL, FL 34608 US

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: GEORGE A DONNELLY

PRES

11/04/2005

Electronic Signature of Signing Officer or Director

Date