

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000105227

Entity Name: MEDISOUND, INC.

FILED
Jun 08, 2005
Secretary of State

Current Principal Place of Business:

12389 ACCIPITER DR
ORLANDO, FL 32837 US

New Principal Place of Business:

842 A-B N JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 US

Current Mailing Address:

12389 ACCIPITER DR
ORLANDO, FL 32837 US

New Mailing Address:

842 A-B JOHN YPOUNG PARKWAY
KISSIMMEE, FL 34741 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ALBA L
12389 ACCIPITER DR
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: GARCIA, ALBA L
Address: 12389 ACCIPITER DR
City-St-Zip: ORLANDO, FL 32837 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: GARCIA, ALBA L
Address: 842 A-B N JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MD () Change (X) Addition
Name: RAGHAVENDER, VADDEPALLY R MD
Address: 842 A-B N JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: CEO () Change (X) Addition
Name: BURLINGAME, RITA E
Address: 842 A-B N JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

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: ALBA L GARCIA

DIR

06/08/2005

Electronic Signature of Signing Officer or Director

Date