

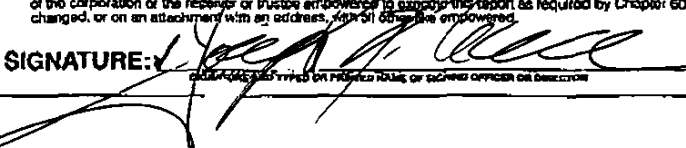
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FILED
Jun 20, 2005 8:00 am
Secretary of State

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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000110724			
1. Entity Name MED SAVE, INC.			
Principal Place of Business 1844 N NOB HILL ROAD SUITE 423 PLANTATION, FL 33322		Mailing Address 1844 N NOB HILL ROAD SUITE 423 PLANTATION, FL 33322	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 73-1713056		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROB, MONIKA 1844 N NOB HILL ROAD SUITE 423 PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$680.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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.S. GROB, MONIKA 1844 N NOB HILL ROAD PLANTATION, FL 33322 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary Joseph D. Legare 950 STATE RD SW P.O. Box 10000 Tallahassee, FL 32304 ☒ 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 registrant 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, April 28, 2005.			
SIGNATURE: 		Date: April 28, 2005	

66023344



04282005 Chg-P CR2E034 (10/03)