

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142785

FILED
Jul 08, 2005
Secretary of State

Entity Name: MEDICAL SOCIAL WORK SERVICES, INC.

Current Principal Place of Business:

1745 BINNEY DRIVE
FT PIERCE, FL 34949

New Principal Place of Business:

1745 BINNEY DRIVE
FT PIERCE, FL 34949 US

Current Mailing Address:

1745 BINNEY DRIVE
FT PIERCE, FL 34949

New Mailing Address:

1745 BINNEY DRIVE
FT PIERCE, FL 34949 US

FEI Number: 20-1981371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHCRAFT, JOHN R
1745 BINNEY DRIVE
FT PIERCE, FL 34949 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASHCRAFT, JOHN R
Address: 1745 BINNEY DRIVE
City-St-Zip: FT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASHCRAFT, JOHN R PRES.
Address: 1745 BINNEY DRIVE
City-St-Zip: FT PIERCE, FL 34949

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: JOHN R. ASHCRAFT

PRES

07/08/2005

Electronic Signature of Signing Officer or Director

Date