

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90200 003 ***150.00

DOCUMENT # P23914 1. Entity Name MEDIFAX-EDI, INC.					
Principal Place of Business 1283 MUEFREESBORO RD NASHVILLE, TN 37217 US			Mailing Address P O BOX 290037 NASHVILLE, TN 37229 US		
2. Principal Place of Business 1283 MUEFREESBORO RD.		3. Mailing Address Suite, Apt. #, etc.			
City & State NASHVILLE, TN		City & State		4. FEI Number 62-1249087	
Zip 37217		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO HOLCOMBE, TONY <input checked="" type="checkbox"/> Delete 26 CENTURY BLVD., SUITE 601 NASHVILLE, TN 37214		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. GEORGE LAZENBY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1283 MUEFREESBORO ROAD NASHVILLE, TN 37217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS MELE, CHARLES <input type="checkbox"/> Delete 669 RIVER DRIVE, CTR. 2 ELMWOOD PARK, NJ 07407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CORBIN, ANDREW <input type="checkbox"/> Delete 669 RIVER DIRVE, CTR. 2 ELMWOOD PARK, NJ 07407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAMPE, ROSEANN <input type="checkbox"/> Delete 669 RIVER DRIVE, CTR. 2 ELMWOOD PARK, NJ 07407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SAYRE, TIM <input type="checkbox"/> Delete 669 RIVER DRIVE, CTR. 2 ELMWOOD PARK, NJ 07407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/12/05 Daytime Phone # (201) 703-3400		