FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

APPROVED

95 MAY -1 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000047650 (5)

1. Corporate Name

MEDICAL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
941 HANOVER AVE. WINTER PARK FL 32789-1733	941 HANOVER AVE. WINTER PARK FL 32789-1733

3. Date Incorporated or Qualified: 06/30/1993
3a. Date of Last Report: 09/07/1994
4. FEI Number: 59-3187449 — Applied For / Not Applicable

2. Principal Place of Business — 21, Suite, Apt. # etc. 22, City & State 23, Zip 24, Country 25
2a. Mailing Address — 26, Suite, Apt. # etc. 27, City & State 28, Zip 29, Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JARMAKOWICZ, EDWARD A
6025 SCOTCHWOOD GLEN
#102
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 941 HANOVER AVENUE
83
84 City: WINTER Park 85 FL Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Edward A Jarmakowicz — DATE 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	JERMADOWICZ, EDWARD
STREET ADDRESS	941 HANOVER AVE.
CITY-ST-ZIP	WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
NAME: JARMAKOWICZ, EDWARD

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward A Jarmakowicz — 4/28/95 — (407)539-2260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0047653 CP