2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 15, 2004 08:00 AM Secretary of State DOCUMENT # P93000052855 1. Entity Name MEDSTAR, INC. Principal Place of Business Mailing Address 10704 AVENIDA SANTA ANA 10704 AVENIDA SANTA ANA BOCA RATON, FL 33498 US BOCA RATON, FL 33498 01072004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0430542 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEUTSCH, STEVEN DO NOT WRITE 7805 SW 6TH COURT PLANTATION, FL 33324 IN THIS SPACE 9. 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 ☐ _ Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE DEUTSCH, STEVEN W NAME STREET ADDRESS 10704 AVENIDA SANTA ANA CXTY- ST- ZIP BOCA RATON, FL 33498 U00000004463 01/15/04-80013-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP SITLE NAME STREET ADDRESS DO NOT WRITE CATY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 impowered 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:

STREET ADDRESS CITY-SI-ZIP TITLE MARK STREET ADDRESS

FILED