

4-8-97 BY/SS C  
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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000029190 (2)</b> 1. Corporation Name <b>MED-SET, INC.</b>			
Principal Place of Business <b>926 GREAT POND DR., SUITE 2001 ALTAMONTE SPRINGS FL 32714</b>		Mailing Address <b>926 GREAT POND DR., SUITE 2001 ALTAMONTE SPRINGS FL 32714-7244</b>	
2. Principal Place of Business 21 <b>409 Montgomery Road</b> Suite, Apt. #, etc. 22 <b>Suite 101</b> City & State 23 <b>Altamonte Springs, FL</b> Zip Country 24 <b>32714</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>409 Montgomery Road</b> Suite, Apt. #, etc. 27 <b>Suite 101</b> City & State 28 <b>Altamonte Springs, FL</b> Zip Country 29 <b>32714</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>LOVE, DON W 926 GREAT POND DR., SUITE 2001 ALTAMONTE SPRINGS FL 32714</b>		10. Name and Address of New Registered Agent 81 Name <b>Love, Virginia Missy</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>409 Montgomery Road, Ste 101</b> 83 <b>Altamonte Springs</b> 84 City <b>FL</b> 85 Zip Code <b>32714</b>	
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 <b>Virginia Missy Love</b> <b>VIRGINIA MISSY LOVE</b> <b>4-4-97</b> <small>(Signature type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>LOVE, DON W</b> STREET ADDRESS <b>926 GREAT POND DR STE 2001</b> CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b> TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>HAYWARD, DAVID</b> STREET ADDRESS <b>926 GREAT POND DR STE 2001</b> CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>VIRGINIA MISSY LOVE</b> 1.3 STREET ADDRESS <b>409 MONTGOMERY RD, STE 101</b> 1.4 CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b> 2.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>DAVID HAYWARD</b> 2.3 STREET ADDRESS <b>409 MONTGOMERY RD, STE 101</b> 2.4 CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 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: <b>Virginia Missy Love</b> <b>4-4-97</b> <b>407-862-4660</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>			



CR203-1 (0/06)