## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

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DOCUMENT # P96000088370  1. Entity Name MEDIKNOW, INC.			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  05 AUG -2 PM 2: 22			
Principal Place of Business  4521 PGA BLVD. STE 262 PALM BEACH GARDENS, FL 33418  Mailing Address  4521 PGA BLVD. STE 262 PALM BEACH GARDENS, FL 33418  Address  Addr			3418	03/02/05 90069 036		
D	O NOT WRITE		CE	07252005 No Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  ROSELLI, DAN  MCGILL, ROSELLI, AYALA & HOPPMAN PA  2135 S CONGRESS AVE STE 1C  PALM SPRINGS, FL 33406			DO NOT WRITE IN THIS SPACE			
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent stignature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Finan Trust Fund Contribution.			scing \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND I	DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINNER, PAUL 4521 PGA BLVD, STE 262 PALM BEACH GARDENS, FL 33					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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 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:

STREET ADDRESS CITY-ST-ZIP

EIGHATURE AND THEED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/05 Date

(581) 776-0150

## KAUFMAN & CANOLES

Attorneys and Counselors at Law

Philip M. Sprinkle, II 804 / 771-5785 pmsprinkle@kaufcan.com

804 / 771-5700 fax: 804 / 771-5777 Mailing Address: P.O. Box 27828 Richmond, VA 23261

Three James Center, 12<sup>th</sup> Floor 1051 East Cary Street Richmond, VA 23219

July 27, 2005

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Mediknow, Inc.

Document # P96000088370

2005 For Profit Corporation Annual Report

Dear Sir or Madam:

I am writing as a follow up to a telephone conversation that took place between Gary of your staff and Ms. Bethany Cooper of this office on July 26, 2005 regarding the Notice of Intent to Dissolve forwarded to Mediknow, Inc. During that conversation, Gary indicated that a rejection document (the "Notice of Rejection") was mailed on March 14, 2005 to 4521 PGA Boulevard, Suite 262, Palm Beach Gardens, Florida 33418. According to your representative, the Notice of Rejection explained that Mediknow, Inc.'s 2005 For Profit Corporation Annual Report had been rejected by the Department for failure to list a Florida street address for its registered agent, and requested that Mediknow, Inc. submit a corrected 2005 Annual Report.

During the July 26 telephone conversation, Gary stated that any and all administrative dissolution measures taken, or to be taken, against Mediknow, Inc. will cease upon the receipt and filing of a corrected 2005 Annual Report provided that Mediknow, Inc. can confirm that the Notice of Rejection was never received. Gary further confirmed that Mediknow, Inc. has already paid the \$150 annual filing fee and does not need to submit any further fees.

On behalf of our client, Mediknow, Inc., please accept this letter of confirmation of non-receipt of the Notice of Rejection. We would request that the \$400 late charge be waived in light of this non-receipt. In addition, we would request that you send written confirmation upon receipt of Mediknow, Inc.'s corrected 2005 Annual Report, which is enclosed with this letter. Finally, please confirm that Mediknow, Inc. is now in good standing with the Department and that any and all administrative dissolution measures have ceased.

Disclosure Required by Internal Revenue Service Circular 230: This communication is not a tax opinion. To the extent it contains tax advice, it is not intended or written by the practitioner to be used, and it cannot be used by the taxpayer, for the purpose of avoiding tax penalties that may be imposed on the taxpayer by the Internal Revenue Service.

Chesapeake

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Florida Department of State July 27, 2005 Page 2

Please do not hesitate to call me if you have any further questions or concerns. Thank you for your time and understanding in this matter.

Yours very truly,

P.Sprinkle (BSC)

Philip M. Sprinkle, II

Enclosure ::ODMA\PCDOCS\DOCSRIC\5062980\1

cc:

Mr. and Mrs. John Winner Ms. Bethany L. Cooper