

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000101487

Corporation Name  
MEDPEND, INC.

FILED  
Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90027 041 \*\*\*150.00



Principal Place of Business 602 BROOKFIELD LOOP LAKE MARY, FL 32746		Mailing Address 602 BROOKFIELD LOOP LAKE MARY, FL 32746		3. Date Incorporated or Qualified 12/17/1996	
2. Principal Place		2a. Mailing Address		4. FEI Number 59-3424332	
21. Suite, Apt., etc.		27. Suite, Apt., etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing \$5.00 May Be	
23. Zip		29. Zip		7. This corporation owes the current year intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country		30. Country		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent PENDRY, TIMOTHY H 602 BROOKFIELD LOOP LAKE MARY, FL 32746				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State FL	
				85. Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE P 1.2 NAME PENDRY, TIMOTHY 1.3 STREET ADDRESS 602 BROOKFIELD LOOP 1.4 CITY-ST-ZIP LAKE MARY FL 32748					
2.1 TITLE VP 2.2 NAME PENDRY, JULIE 2.3 STREET ADDRESS 602 BROOKFIELD LOOP 2.4 CITY-ST-ZIP LAKE MARY FL 32748					
3.1 TITLE CL 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)