

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022495

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: VISIONARY MEDICAL SYSTEMS, INC.

## Current Principal Place of Business:

111 2ND AVENUE  
SUITE 600  
SAINT PETERSBURG, FL 33701 US

## New Principal Place of Business:

5600 MARINER STREET  
122  
TAMAPA, FL 33609 US

## Current Mailing Address:

111 2ND AVENUE  
SUITE 600  
SAINT PETERSBURG, FL 33701 US

## New Mailing Address:

5600 MARINER STREET  
122  
TAMPA, FL 33609 US

FEI Number: 59-3424081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, SANDIP J ESQ  
3105 WEST WATERS AVE  
STE 315  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

STAMATAKIS, P.A.  
2701 N. ROCKY POINT DR  
525  
TAMPA, FL 33607 US

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.

SIGNATURE: SCOTT D. STAMATAKIS

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: JENNER, GEORDIE W  
Address: 1913 HAWAII AVENUE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: PD ( ) Delete  
Name: PATEL, KIRAN C  
Address: 3105 WEST WATERS AVE STE 315  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRAN PATEL

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date