


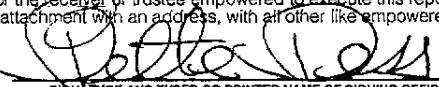


FILED
May 05, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P97000064645 1. Entity Name MEDICAL SERVICE WATCHDOGS, INC.</div><div style="text-align: center;"></div></div>		Secretary of State																																									
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 7215 PINEFOREST CIRCLE EAST LAKE WORTH, FL 33467 US</div><div>Mailing Address 7215 PINEFOREST CIRCLE E LAKE WORTH, FL 33467 US</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;">050320051 0000001 000000000000</div> <div style="display: flex; justify-content: space-between;"><div style="width: 80%;"><div style="border: 1px solid black; padding: 2px;">4. FEI Number 65-1126896</div><div style="border: 1px solid black; padding: 2px;">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75</div></div><div style="width: 15%; border: 1px solid black; padding: 2px;"><div>Applied For</div><div>Not Applicable</div></div></div>																																									
DO NOT WRITE IN THIS SPACE		DO NOT WRITE IN THIS SPACE																																									
<div style="border: 1px solid black; padding: 2px;">6. Name and Address of Current Registered Agent</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">DESS, BETTE DPST 7215 PINEFOREST CIRCLE E LAKE WORTH, FL 33467</div>																																											
<div>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.</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																											
<div style="border: 1px solid black; padding: 5px;">FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</div>		<div style="border: 1px solid black; padding: 5px;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00</div>																																									
<div style="border: 1px solid black; padding: 2px;">10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td>DPST</td></tr><tr><td>NAME</td><td>DESS, BETTE</td></tr><tr><td>STREET ADDRESS</td><td>7215 PINEFOREST CIRCLE EASR</td></tr><tr><td>CITY - ST - ZIP</td><td>LAKE WORTH, FL 33467</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	DPST	NAME	DESS, BETTE	STREET ADDRESS	7215 PINEFOREST CIRCLE EASR	CITY - ST - ZIP	LAKE WORTH, FL 33467	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<div style="text-align: center; margin-top: 50px;"> 05/05/05-80148-017 158.75</div> <div style="text-align: center; font-size: 1.2em;">DO NOT WRITE IN THIS SPACE</div>	
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<div>12. 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 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.</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 40%;">SIGNATURE: </div><div style="width: 40%; text-align: center;">4/30/05-561-649-1350</div><div style="width: 15%; text-align: right;">Date _____ Day/Time Phone # _____</div></div>																																											