


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90414 050 \*\*\*158.75

<b>DOCUMENT # P97000072301</b>	
1. Entity Name: <b>DATA MEDICAL SOLUTIONS, INC.</b>	

Principal Place of Business <b>887 ADDISON DRIVE N.E. SAINT PETERSBURG, FL 33716 US</b>	Mailing Address <b>P.O. BOX 0607 ST PETERSBURG, FL 33731 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 20741	
City & State		St. Petersburg, FL	
Zip	Country	Zip	Country
		33742	USA

04302004 Chg-P CR2E034 (10/03)



4. FEI Number <b>65-0776266</b>		Applied For <input type="checkbox"/> Not Applicable								
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>										
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> <b>MARY F MELIN</b>  <b>887 ADDISON DRIVE N.E.</b>  <b>SAINT PETERSBURG, FL 33716</b> </td> <td colspan="2">                 Name                  Street Address (P.O. Box Number is Not Acceptable)                  City <b>FL</b> Zip Code             </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>MARY F MELIN</b> <b>887 ADDISON DRIVE N.E.</b> <b>SAINT PETERSBURG, FL 33716</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent								
<b>MARY F MELIN</b> <b>887 ADDISON DRIVE N.E.</b> <b>SAINT PETERSBURG, FL 33716</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code								

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 signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARY F MELIN P.O. BOX 0607 ST PETERSBURG, FL 33731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mary F. Melin P.O. Box 20741 St. Petersburg FL 33742 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** Mary F Melin 4-29-04 727-5476-5519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #