


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90071 040 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P97000085234</b>   |   |   |  |  |  |
| <b>1. Entity Name</b><br>MEDICAL SPECIALTY SOFTWARE, INC.  |   |   |  |   |  |
| <b>Principal Place of Business</b><br>220 E MONUMENT AVE<br>BLDG 4 STE D<br>KISSIMMEE, FL 34741 US   |   |   | <b>Mailing Address</b><br>717 E OAK STREET<br>KISSIMMEE, FL 34744  |   |  |
| <b>2. Principal Place of Business</b><br>1660 Grandview  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| <b>City &amp; State</b><br>Kissimmee, FL   |   | <b>City &amp; State</b>   |  | <b>4. FEI Number</b><br>59-3473892  |  |
| <b>Zip</b><br>34744  |   | <b>Country</b><br>US  |  | <b>Applied For</b><br>Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>   |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RALSTON, STEPHEN<br>220 E MONUMENT AVE<br>BLDG 4 STE D<br>KISSIMMEE, FL 34744  |   |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br>1660 Grandview<br><br>City<br>Kissimmee FL Zip Code<br>34744 |   |  |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PS<br>RALSTON, STEPHEN M<br>P. O. BOX 423189 N/A<br>KISSIMMEE, FL 347423189 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DEAHL, DEBRA<br>P. O. BOX 423189 N/A<br>KISSIMMEE, FL 347423189        | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JENKINS, MICHAEL B<br>P. O. BOX 423189 N/A<br>KISSIMMEE, FL 347423189  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| <b>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.</b> |   |   |  |   |  |
| <b>SIGNATURE:</b> _____  |   | Date: 4/10/05   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Daytime Phone #   |  |   |  |