

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90082 005 \*\*\*150.00

**DOCUMENT # P97000085234**

1. Entity Name  
**MEDICAL SPECIALTY SOFTWARE, INC.**



Principal Place of Business  
**1660 GRANDVIEW  
KISSIMMEE, FL 34744 US**

Mailing Address  
**1660 GRANDVIEW  
KISSIMMEE, FL 34744 US**

2. Principal Place of Business  
**1660 Grandview Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**717 East Oak Street**  
Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**59-3473892**

Applied For  
Not Applicable

Zip  
**34744**

Country

Zip  
**34744**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**RALSTON, STEPHEN  
1660 GRANDVIEW  
KISSIMMEE, FL 34744**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1660 Grandview Blvd.**

City

**FL**

Zip Code  
**34744**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME RALSTON, STEPHEN M  
STREET ADDRESS P. O. BOX 423189 N/A  
CITY-ST-ZIP KISSIMMEE, FL 347423189

TITLE D ☐ Delete  
NAME DEAHL, DEBRA  
STREET ADDRESS P. O. BOX 423189 N/A  
CITY-ST-ZIP KISSIMMEE, FL 347423189

TITLE D ☐ Delete  
NAME JENKINS, MICHAEL B  
STREET ADDRESS P. O. BOX 423189 N/A  
CITY-ST-ZIP KISSIMMEE, FL 347423189

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 423189  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Debra Valentine  
STREET ADDRESS P.O.Box 423189  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 423189  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40047146



4/16/06