

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000Q75069**  
 1. Entity Name  
**MEDW, INC.**



Principal Place of Business: **997 W. KENNEDY BLVD. SUITE A-25 ORLANDO FL 32810**  
 Mailing Address: **997 W. KENNEDY BLVD. SUITE A-25 ORLANDO FL 32810**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country  
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country



MOORE CR2E034 (11/03)

4. FEI Number: **59-3530199** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent: **LAVELLE, PATRICIA A, 997 W. KENNEDY BLVD. SUITE A-25 ORLANDO FL 32810**

7. Name and Address of New Registered Agent: Name / Street Address (P.O. Box Number is Not Acceptable) / City / **FL** / 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVELLE, PATRICIA A	NAME	
STREET ADDRESS	997 W. KENNEDY BLVD. SUITE A-25	STREET ADDRESS	U00000015673
CITY-ST-ZIP	ORLANDO FL 32810	CITY-ST-ZIP	01/28/04-80024-020 158.75
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *P.A. Lavelle* **V.P.** *1/20/04* **407** *660-7542*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #