2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# P98000106145

Entity Name: MEDICAL ROUNDS, INC.

Current Principal Place of Business:

9425 BLIND PASS RD
#1102
ST. PETE BEACH, FL 33706 US

New Principal Place of Business:

9525 BLIND PASS RD
#1001
ST. PETE BEACH, FL 33706 US

Current Mailing Address:

9425 BLIND PASS RD
#1102
ST. PETE BEACH, FL 33706 US

New Mailing Address:

9525 BLIND PASS RD
#1001
ST. PETE BEACH, FL 33706 US

FEI Number: 59-3553279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBSTER, WILLIAM B JR.
9425 BLIND PASS RD
#1102
ST. PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

WEBSTER, WILLIAM B JR.
9525 BLIND PASS RD
#1001
ST. PETE BEACH, FL 33706 US

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.

SIGNATURE: _____ 02/21/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GEORGIEESKA, KSEMIDA
Address: 9425 BLIND PASS RD, #1102
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D ( ) Delete
Name: WEBSTER, TATJANA B
Address: 9425 BLIND PASS RD, #1102
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D ( ) Delete
Name: WEBSTER, WILLIAM B JR.
Address: 9425 BLIND PASS RD, #1102
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GEORGIEESKA, KSEMIDA
Address: 9525 BLIND PASS RD, #1001
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D (X) Change ( ) Addition
Name: WEBSTER, TATJANA B
Address: 9525 BLIND PASS RD, #1001
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D (X) Change ( ) Addition
Name: WEBSTER, WILLIAM B JR.
Address: 9525 BLIND PASS RD, #1001
City-St-Zip: ST. PETE BEACH, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B. WEBSTER VP 02/21/2006
Electronic Signature of Signing Officer or Director — Date