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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997 2000 -

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 015 ***150.00

DOCUMENT #
1. Corporation Name *MEDICAL SOFTWARE Integrators Inc*

Principal Place of Business Mailing Address
*6706 N 9th Ave
Ste B-4
PENSACOLA FL 32504*

3. Date Incorporated or Qualified *03/26/99* 3a. Date of Last Report *3/26/99*

2. Principal Place of Business 21 *SAME* 2a. Mailing Address 26 *SAME*

4. FEI Number *59-2737187* Applied For Not Applicable

Suite, Apt. #, etc. 22 *—* Suite, Apt. #, etc. 27 *—*

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

City & State 23 *—* City & State 28 *—*

6. Election Campaign Financing ☐ \$5.00 May Be Trust Fund Contribution Added to Fees

Zip 24 *—* Country 25 *—* Zip 29 *—* Country 30 *—*

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*NICK EDWARDS
6706 N 9th Ave
Ste B-4
PENSACOLA FL 32504*

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City *FL* 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Nick Edwards* 2/15/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME *PSD PAT MOONEY*
STREET ADDRESS *SAME ADDRESS*
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME *VT NICK EDWARDS*
STREET ADDRESS *SAME ADDRESS*
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Nick Edwards* 2/15/00 475-0965
Signature and typed or printed name of signing officer or director Date Daytime Phone #