

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060707

FILED
Jan 19, 2005
Secretary of State

Entity Name: MEDICAL INTERNET SYNTHESIS, INC.

Current Principal Place of Business:

1911 MICCOSUKEE RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2752 W. HANNON HILL DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3587459 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARTHUR, MICHAEL W
Address: 1674 UNIVERSITY PARKWAY
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: DANSBY, GRACE H
Address: 3800 APALACHEE PKWY.
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: DIMARE, W. FRANK
Address: 3545 US #1 S.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: DUBARD, JOHN A PHD
Address: 2450 TIM GAMBLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: DUSSIA, EVAN EARL II
Address: 1911 MICCOSUKEE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: GAGER, LINDA D
Address: 27 COMARES AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN A LESTER

PD

01/19/2005

Electronic Signature of Signing Officer or Director

_____ Date