

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060707

FILED  
Mar 26, 2006  
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  
Name:  
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 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: JOHN LESTER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DP

03/26/2006

\_\_\_\_\_ Date