
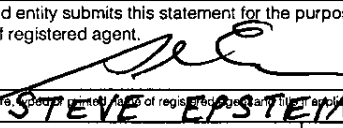
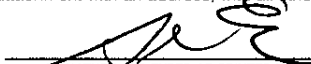


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90038 030 \*\*\*150.00

<b>DOCUMENT # P99000082437</b> 1. Entity Name <b>MEDAI, INC.</b>					
Principal Place of Business <b>602 COURTLAND ST STE 400 ORLANDO, FL 32804-1342</b>			Mailing Address <b>602 COURTLAND ST STE 400 ORLANDO, FL 32804-1342</b>		
2. Principal Place of Business <b>4901 VINELAND RD.</b>		3. Mailing Address <b>4901 VINELAND RD</b>			
Suite, Apt. #, etc. <b>SUITE 450</b>		Suite, Apt. #, etc. <b>SUITE 450</b>			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>		4. FEI Number <b>59-3603169</b>	
Zip <b>32811</b>		Country <b>32811</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03252004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>EPSTEIN, STEVE 602 COURTLAND ST STE 400 ORLANDO, FL 32804-1342</b>			7. Name and Address of New Registered Agent Name <b>STEVE EPSTEIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4901 VINELAND RD. SUITE 450 ORLANDO FL 32811</b>		
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:  <b>STEVE EPSTEIN</b> (NOTE: Registered Agent signature required when reinstating) DATE: <b>3/26/04</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EPSTEIN, STEVE 602 COURTLAND ST STE 400 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D EPSTEIN, STEVE 4901 VINELAND RD., SUITE 450 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEE, DIANE J 602 COURTLAND ST. STE 400 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/V LEE, DIANE 4901 VINELAND RD., SUITE 450 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIFSNYDER, EDWARD F 602 COURTLAND ST. SUITE 400 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIFSNYDER, EDWARD F 4901 VINELAND RD., SUITE 450 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNING, HARRY L 602 COURTLAND ST. SUITE 400 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNING, HARRY L 4901 VINELAND RD., SUITE 450 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WROTEN, VICKIE 602 COURTLAND ST. SUITE 400 ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 or other like empowered.					
SIGNATURE:  <b>STEVE EPSTEIN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>3/26/04</b> Daytime Phone #: <b>321-281-4480</b>		