## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

Apr 09, 2007 08:00 A Secretary of State **DOCUMENT # P99000082437** 1. Entity Name MEDAI, INC. Principal Place of Business Mailing Address 4901 VINELAND RD., STE 450 4901 VINELAND RD., STE 450 ORLANDO, FL 32811 ORLANDO, FL 32811 03202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3603169 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **EPSTEIN, STEVE** DO NOT WRITE 4901 VINELAND RD., STE 450 ORLANDO, FL 32811 IN THIS SPACE 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 lamillar with, and accept the obligations of registered agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CPD TITLE EPSTEIN, STEVE U00000695480 NAME STREET ADDRESS 4901 VINELAND RD., STE 450 :04/17/07-80063-004 150**.00** CITY-ST-ZIP ORLANDO, FL 32811 TITLE DSV NAME LEE, DIANE J STREET AUDRESS 4901 VINELAND RD., STE 450 ORLANDO, FL 32811 CITY-ST-ZIP TITLE REIFSNYDER, EDWARD F NAME STREET ADDRESS 4901 VINELAND RD., STE 450 DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32811 IN THIS SPACE TITLE HENNING, HARRY L NAME 4901 VINELAND RD., STE 450 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: \_

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> STEVE ERSTEIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED