

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082437

Entity Name: MEDAI, INC.

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

4901 VINELAND RD., STE 450
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4901 VINELAND RD., STE 450
ORLANDO, FL 32811

New Mailing Address:

2 NEWTON PLACE
SUITE 350
NEWTON, MA 02458-16 37

FEI Number: 59-3603169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPSTEIN, STEVE
4901 VINELAND RD., STE 450
ORLANDO, FL 32811 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: CPD () Delete
Name: EPSTEIN, STEVE
Address: 4901 VINELAND RD., STE 450
City-St-Zip: ORLANDO, FL 32811

Title: DSV () Delete
Name: LEE, DIANE J
Address: 4901 VINELAND RD., STE 450
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: REIFSNYDER, EDWARD F
Address: 4901 VINELAND RD., STE 450
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: HENNING, HARRY L
Address: 4901 VINELAND RD., STE 450
City-St-Zip: ORLANDO, FL 32811

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: FONTAINE, CHARLES P
Address: 2 NEWTON PLACE SUITE 350
City-St-Zip: NEWTON, MA 02458-16 37

Title: T () Change (X) Addition
Name: FOGARTY, KENNETH
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES P. FONTAINE

VP

04/17/2008

Electronic Signature of Signing Officer or Director

Date