


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90539 038 \*\*\*150.00

<b>DOCUMENT # P99000089501</b> 1. Entity Name <b>MEDREC SYSTEMS, INC.</b>																											
Principal Place of Business <b>PO BOX 721425</b> <b>ORLANDO, FL 32782</b>		Mailing Address <b>PO BOX 721425</b> <b>ORLANDO, FL 32782</b>																									
2. Principal Place of Business <del>8467 FORT THOMAS WAY</del> Suite, Apt. #, etc. <b>WAY</b> City & State <b>ORLANDO FL</b> Zip <b>32782</b> Country <b>USA</b>		3. Mailing Address <del>8467 FORT THOMAS WAY</del> Suite, Apt. #, etc. <b>WAY</b> City & State <b>ORLANDO FL</b> Zip <b>32782</b> Country <b>USA</b>																									
4. FEI Number <b>59-3604696</b>		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04222005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent  <b>DAVIS, KIMBERLEY E</b> <b>8467 FORT THOMAS WAY</b> <b>ORLANDO, FL 32822</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																									
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 <u><i>Kimberley E Davis</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4/30/05</i></u>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PCEO</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAVIS, KIMBERLEY E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8467 FORT THOMAS WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32822</td> <td></td> </tr> </table>		TITLE	PCEO	<input type="checkbox"/> Delete	NAME	DAVIS, KIMBERLEY E		STREET ADDRESS	8467 FORT THOMAS WAY		CITY-ST-ZIP	ORLANDO, FL 32822		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 all other like empowered.																											
SIGNATURE: <u><i>Kimberley E Davis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>4/30/05</i></u> Daytime Phone # _____																									

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