


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90011 015 ***150.00

DOCUMENT # 316109	
1. Entity Name MEDICAL ARCH CORPORATION	

Principal Place of Business 5380 JOE'S CREEK DR N ST PETERSBURG FL 33709	Mailing Address 5380 JOE'S CREEK DR N ST PETERSBURG FL 33709
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1203764	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EZZO, HELEN 5380 JOE'S CREEK DR N ST PETERSBURG FL 33709

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EZZO MCHETTIGAN, PATRICE <input type="checkbox"/> Delete 5440 JOE'S CREEK DR N ST PETERSBURG FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EZZO CUROTTO, ELISE <input type="checkbox"/> Delete 8416 LITTLELEAF COURT ORLANDO FL 32834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EZZO, CHRISTOPHER <input type="checkbox"/> Delete 10244-130TH WAY N. LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EZZO, STEPHEN <input type="checkbox"/> Delete 4243 COUNTRY LANE CHARLOTTE NC 28270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EZZO, PAUL <input type="checkbox"/> Delete 2291 SW RACQUET CLUB DR PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EzzoMc Gettigan, Patrice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition correct address spelling
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia Ezzo McGettigan **2-20-08** **727-527-0370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #