

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55221

FILED
Apr 18, 2009
Secretary of State

Entity Name: MEDICAL BUSINESS ENTERPRISES, INC.

Current Principal Place of Business:

2173 A CENTERVILLE PL
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2173 A CENTERVILLE PL
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2926150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JOSEPH J.
2173-A CENTERVILLE PLACE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

WILSON, JOSEPH J
2173-A CENTERVILLE PLACE
TALLAHASSEE, FL 32308 US

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: JOSEPH J. WILSON

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WARREN, SAMUEL M
Address: 2173 A CENTERVILLE PL
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: WILSON, JOSEPH J
Address: 2173-A CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: CONRAD, DANIEL P.
Address: 2173-A CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: ATWATER, R JACKSON
Address: 2173 A CENTERVILLE PL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: TOTTEN, JAMES A
Address: 2173 A CENTERVILLE PL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: WILHOIT, CHRISTOPHER A
Address: 2173 A CENTERVILLE PL
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CONRAD, DANIEL P
Address: 2173-A CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH J. WILSON

T

04/18/2009

Electronic Signature of Signing Officer or Director

Date