

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55221

FILED
Apr 25, 2012
Secretary of State

Entity Name: MEDICAL BUSINESS ENTERPRISES, INC.

Current Principal Place of Business:

2173-A CENTERVILLE PLACE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2173-A CENTERVILLE PLACE
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:

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

OFFICERS AND DIRECTORS:

Title: SD
Name: WARREN, SAMUEL M MD.
Address: 2173-A CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

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

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

Title: VD
Name: ATWATER, R. JACKSON MD.
Address: 2173-A CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: TOTTEN, JAMES A MD.
Address: 2173-A CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: WILHOIT, CHRISTOPHER A MD.
Address: 2173-A CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH J. WILSON

T

04/25/2012

Electronic Signature of Signing Officer or Director

Date