

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52711

FILED  
Mar 12, 2012  
Secretary of State

Entity Name: MEDICAL EXPRESS CORP.

**Current Principal Place of Business:**

4237 SALISBURY ROAD  
SUITE 304  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

4237 SALISBURY ROAD  
SUITE 304  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

FEI Number: 59-3001845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFIN, LINDA ROSE  
4237 SALISBURY ROAD  
SUITE 304  
JACKSONVILLE, FL 32216 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: CDS  
Name: FREEDMAN, JANE  
Address: 4237 SALISBURY ROAD #304  
City-St-Zip: JACKSONVILLE, FL 32216

Title: PDT  
Name: GRIFFIN, LINDA ROSE  
Address: 4237 SALISBURY ROAD #304  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD  
Name: FREEDMAN, DONALD S  
Address: 4237 SALISBURY ROAD #304  
City-St-Zip: JACKSONVILLE, FL 32216

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: LINDA ROSE GRIFFIN

PRES

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date