

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157252

FILED
Jul 24, 2008
Secretary of State

Entity Name: MED EXPERTS OF TAMPA, INC.

Current Principal Place of Business:

329 BATH CLUB BLVD. SOUTH
NORTH REDINGTON BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

608 OAKMOSS DRIVE
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 03-0560689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKSTEIN, NGA
329 BATH CLUB BLVD S.
N. REDINGTON BEACH, FL 33708 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ECKSTEIN, NGA
Address: 329 BATH CLUB BLVD SOUTH
City-St-Zip: N. REDINGTON BEACH, FL 33708 US

Title: D () Delete
Name: DENK, ROB
Address: 608 OAKMOSS DR
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROB DENK

VP

07/24/2008

Electronic Signature of Signing Officer or Director

Date