

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000077022

Entity Name: MED PAY, INC.

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6904 S.W. 127 COURT  
MIAMI, FL 33183

**New Principal Place of Business:**

735 SW 98 CT  
MIAMI, FL 33174

**Current Mailing Address:**

6904 S.W. 127 COURT  
MIAMI, FL 33183

**New Mailing Address:**

735 SW 98 CT  
MIAMI, FL 33174

FEI Number: 20-5002362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CALHOUN, ROBERT  
6904 S.W. 127 COURT  
MIAMI, FL 33183 US

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

CALHOUN, ROBERT  
735 SW 98 CT  
MIAMI, FL 33174 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: ROBERT CALHOUN

01/08/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CALHOUN, ROBERT  
Address: 735 SW 98 CT  
City-St-Zip: MIAMI, FL 33174

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: ROBERT CALHOUN

PRES

01/08/2010

Electronic Signature of Signing Officer or Director

Date