

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104456

FILED
May 26, 2009
Secretary of State

Entity Name: FAST MEDICAL NOTES, INC.

Current Principal Place of Business:

5470 99TH AVE CIRCLE EAST
PARRISH, FL 34219 US

New Principal Place of Business:

Current Mailing Address:

5470 99TH AVE CIRCLE EAST
PARRISH, FL 34219 US

New Mailing Address:

FEI Number: 30-0520429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURIELLO, JOHN
5740 99TH AVE CIRCLE EAST
PARRISH, FL 34219 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: P () Delete
Name: QUICK, JASON L
Address: 853 BALLARD ST #G
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VP () Delete
Name: MAURIELLO, JOHN
Address: 5740 99TH AVE CIRCLE EAST
City-St-Zip: PARRISH, FL 34219 US

Title: VP () Delete
Name: ZYGMUNT, JOSEPH JR
Address: 8208 MORELL LANE
City-St-Zip: DURHAM, NC 27713 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN MAURIELLO

VP

05/26/2009

Electronic Signature of Signing Officer or Director

_____ Date