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: PATRICE EZZO MCGETTIGAN

2291 SW RACQUET CLUB DR

City-State-Zip: PALM CITY FL 34990

Electronic Signature of Signing Officer/Director Detail

_				
		Electronic Signature of Registered Agent		
Officer/Director Detail :				
Title		PD	Title	TD
Name)	EZZO MCGETTIGAN, PATRICE	Name	EZZO CUROTTO, ELISE
Addre	ess	5440 JOE'S CREEK DR N	Address	8416 LITTLELEAF COURT
City-S	State-Zip:	ST PETERSBURG FL 33709	City-State-Zip:	ORLANDO FL 32834
Title		VD	Title	D
Name)	EZZO, CHRISTOPHER	Name	EZZO, STEPHEN
Addre	SS	10244 130TH WAY N.	Address	4243 COUNTRY LANE
City-S	State-Zip:	LARGO FL	City-State-Zip:	CHARLOTTE NC 28270
			Title	D
Title		SD	nue	D
Name)	EZZO, PAUL	Name	EZZO, JOSEPH JR

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.

Current Mailing Address:

DOCUMENT# 316109

5380 JOE'S CREEK DR N ST PETERSBURG, FL 33709

5380 JOE'S CREEK DR N ST PETERSBURG, FL 33709

FEI Number: 59-1203764

Name and Address of Current Registered Agent:

Entity Name: MEDICAL ARCH CORPORATION

Current Principal Place of Business:

EZZO, HELEN 5380 JOE'S CREEK DR N ST PETERSBURG, FL 33709 US

SIGNATURE:

Address

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2014 Secretary of State CC4074045554

Certificate of Status Desired: No

562 SOUTH MAIN AVENE #1

City-State-Zip: TUCSON AZ 85701

PD

Address

01/07/2014

Date

Date