

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000102493

**Entity Name:** MEDESIGNS, INC.

**Current Principal Place of Business:**

5850 W ATLANTIC AVE  
#110  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5850 W ATLANTIC AVE  
#110  
DELRAY BEACH, FL 33484

**FEI Number:** 55-0874936

**Certificate of Status Desired:** No

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

ZUKER, TAMRA  
5850 W ATLANTIC AVE  
#110  
DELRAY BEACH, FL 33484 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PS  
Name ZUKER, TAMRA  
Address 2895 TIMBERCREEK CIRCLE  
City-State-Zip: BOCA RATON FL 33431

*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:** TAMRA ZUKER

PS

01/15/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date