

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231480

Entity Name: MEDICAL GARDENS INC

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

1110 N W 8TH AVE  
GAINESVILLE FLA, 32601

## New Principal Place of Business:

1110 NW 8TH AVE  
GAINESVILLE, FL 32601

## Current Mailing Address:

4623 NW 53RD AVE.  
GAINESVILLE, FL 32606 US

## New Mailing Address:

4623 NW 53RD AVE.  
GAINESVILLE, FL 32653 US

FEI Number: 59-6066167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAUTILUS REALTY, INC  
4623 NW 53RD AVE  
GAINESVILLE, FL 32606 US

## Name and Address of New Registered Agent:

NAUTILUS REALTY, INC  
4623 NW 53RD AVE  
GAINESVILLE, FL 32653 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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAMUELS, BENFORD JR  
Address: 201 NORTH HOGAN ST SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S ( ) Delete  
Name: DICKINSON, SARAH  
Address: 9517 SW 40TH LN  
City-St-Zip: GAINESVILLE, FL 32607

Title: T ( ) Delete  
Name: KIRBY, BARBARA  
Address: 3947 NW 23RD CT  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DICKINSON, SARAH  
Address: 2434 SW 50 BLVD  
City-St-Zip: GAINESVILLE, FL 32608

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: BARBARA KIRBY

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date