

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 231480

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL GARDENS INC

**Current Principal Place of Business:**

1110 NW 8TH AVE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

4623 NW 53RD AVE.  
GAINESVILLE, FL 32653 US

**New Mailing Address:**

**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 32653 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

**OFFICERS AND DIRECTORS:**

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

**Title:** S  
**Name:** DICKINSON, SARAH  
**Address:** 5200 SW 25 BLVD.  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** T  
**Name:** KIRBY, BARBARA  
**Address:** 3947 NW 23RD CIRCLE  
**City-St-Zip:** GAINESVILLE, FL 32605

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:** BARBARA KIRBY

TRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date