

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 316109

FILED
Jan 08, 2012
Secretary of State

Entity Name: MEDICAL ARCH CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1203764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZZO, HELEN
5380 JOE'S CREEK DR N
ST PETERSBURG, FL 33709 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: PD
Name: EZZO MCGETTIGAN, PATRICE
Address: 5440 JOE'S CREEK DR N
City-St-Zip: ST PETERSBURG, FL 33709

Title: TD
Name: EZZO CUROTTO, ELISE
Address: 8416 LITTLELEAF COURT
City-St-Zip: ORLANDO, FL 32834

Title: VD
Name: EZZO, CHRISTOPHER
Address: 10244 130TH WAY N.
City-St-Zip: LARGO, FL

Title: D
Name: EZZO, STEPHEN
Address: 4243 COUNTRY LANE
City-St-Zip: CHARLOTTE, NC 28270

Title: SD
Name: EZZO, PAUL
Address: 2291 SW RACQUET CLUB DR
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: EZZO, JOSEPH JR
Address: 562 SOUTH MAIN AVENUE #1
City-St-Zip: TUCSON, AZ 85701

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

PD

01/08/2012

Electronic Signature of Signing Officer or Director

Date