

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 635689

FILED
Feb 16, 2009
Secretary of State

Entity Name: MEDICAL, EDUCATIONAL, AND GOVERNMENTAL APPLIED SYSTEMS CORPORATION

Current Principal Place of Business:

1590 VILLAGE SQUARE BLVD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12292
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-1938659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLOY, AUBREY L
1590 VILLAGE SQUARE BLVD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

MALLOY, AUBREY L
1590 VILLAGE SQUARE BLVD
TALLAHASSEE, FL 32309 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: AUBREY L MALLOY

02/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWELL, JAN E,
Address: 1590 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD () Delete
Name: MALLOY, AUBREY L,
Address: 1590 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: PEARSON, MARIA B
Address: 1590 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: ROBLES, PAUL
Address: 1590 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POWELL, JAN E
Address: 1590 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD (X) Change () Addition
Name: MALLOY, AUBREY L
Address: 1590 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32309

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

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: JAN E. POWELL

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date