

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 635689

FILED  
Feb 23, 2010  
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:**

PO BOX 12292  
TALLAHASSEE, FL 32317 US

**FEI Number:** 59-1938659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALOY, AUBREY L  
1590 VILLAGE SQUARE BLVD  
TALLAHASSEE, FL 32309 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: JAN E. POWELL

PD

02/23/2010

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

\_\_\_\_\_  
Date