2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2011
Secretary of State

DOCUMENT# 635689

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:

1650 SUMMIT LAKE DRIVE
101
TALLAHASSEE, FL 32317 US

Current Mailing Address:

PO 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:

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

Name and Address of New Registered Agent:

MALOY, AUBREY L
1650 SUMMIT LAKE DR
101
TALLAHASSEE, FL 32317 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: 03/09/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: POWELL, JAN E
Address: 1650 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD
Name: MALOY, AUBREY L
Address: 1650 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD
Name: HARMON, MARLA B
Address: 1650 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD
Name: HARMON, MARLA B
Address: 1650 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

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 03/09/2011
Electronic Signature of Signing Officer or Director — Date