2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847085

Entity Name: MEDI-DYN, INC.

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
13111 E. BRIARWOOD AVE., #225 ENGLEWOOD, CO 80112						
Current Mailing Address:				New Mailing Address:		
13111 E. BRIARWOOD AVE., #225 ENGLEWOOD, CO 80112			2400 YORKMONT ROAD C/O TAX DEPARTMENT CHARLOTTE, NC 28217			
FEI Number: 73-1075812 FEI Number Applied For () FEI Number			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () E BROWN, SCOTT 13111 E. BRIARN ENGLEWOOD, C	WOOD AVE #225		Title: Name: Address: City-St-Zip:	DCEO (X KUTTEH, ROBE 955 CHESTER! WAYNE, PA 18	BROOK BLVD
Title: Name: Address: City-St-Zip:	D () E BROWN, LARRY 13111 E BRIARV ENGLEWOOD, C	VOOD AVE #225		Title: Name: Address: City-St-Zip:	DCFO (X GATTI, DANIEL 955 CHESTERI WAYNE, PA 19	BROOK BLVD
Title: Name: Address: City-St-Zip:	T () EBROWN, KEITH () 5648 S. GENEVA ENGLEWOOD, C	ST.		Title: Name: Address: City-St-Zip:	S (X SHISLER, VICT 955 CHESTERI WAYNE, PA 19	BROOK BLVD
Title: Name: Address: City-St-Zip:	S () E LANE, FRANCINE 13111 E BRIARV ENGLEWOOD, C	VOOD AVE #225		Title: Name: Address: City-St-Zip:	SVP (X) WELLS, C PHII 2400 YORKMO CHARLOTTE, N	NT ROAD
Title: Name: Address: City-St-Zip:	SCOTT, RANDY	WOOD AVE #225		Title: Name: Address: City-St-Zip:	AS (X ROSSITCH, RIG 2400 YORKMO CHARLOTTE, N	NT ROAD
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	AT () ZAUF, GARY Z 2400 YORKMO CHARLOTTE, N	ONT ROAD

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: C PHILLIP WELLS SVP 04/25/2009