

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003963 1. Entity Name MEDFI CORPORATION	
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Principal Place of Business 15500 NEW BARN RD. SUITE #200 MIAMI, FL 33014	Mailing Address 15500 NEW BARN RD. SUITE #200 MIAMI, FL 33014
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATZNER, GARY C ESQ.
201 SOUTH BISCAYNE BLVD.
22ND FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BRETZ, VIRGIL 15500 NEW BARN RD., SUITE #200 MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV ANGELONE, DAVID 15500 NEW BARN RD., SUITE #200 MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATZNER, GARY C 15500 NEW BARN RD., SUITE #200 MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEHRA, VICTOR 15500 NEW BARN RD., SUITE #200 MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GNISCI, FRANK J 15500 NEW BARN RD., SUITE #200 MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EDWARDS, JEAN M. 15500 NEW BARN ROAD, SUITE 200 MIAMI LAKES, FL 33014

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01/30/06-80030-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jean M Edwards **1-16-06 305-594-9291**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #