

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001466

Entity Name: MEDCOY, INC.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11512 E HWY 316  
FT. MCCOY, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2220  
FT. MCCOY, FL 32134

**New Mailing Address:**

FEI Number: 52-2354586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAVES, GEORGE  
11512 E HWY 316  
FT. MCCOY, FL 32134 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: GRAVES, GEORGE  
Address: 11512 E HWY 316  
City-St-Zip: FT. MCCOY, FL 32134

Title: SEC  
Name: GRAVES, PATRICIA  
Address: 11512 E HWY 316  
City-St-Zip: FT. MCCOY, FL 32134

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: GEORGE GRAVES

DR

02/28/2011

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

\_\_\_\_\_  
Date