

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001796

Entity Name: MEDNET BENEFITS INC.

FILED  
Apr 03, 2009  
Secretary of State

## Current Principal Place of Business:

25 WEST BEAVER CREEK ROAD  
RICHMOND HILL, ON L4B1K2 XX

## New Principal Place of Business:

1-25 WEST BEAVER CREEK ROAD  
RICHMOND HILL, ON L4B1K2 XX

## Current Mailing Address:

25 WEST BEAVER CREEK ROAD  
RICHMOND HILL, ON L4B1K2 XX

## New Mailing Address:

1-25 WEST BEAVER CREEK ROAD  
RICHMOND HILL, ON L4B1K2 XX

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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: DTSPS ( ) Delete  
Name: ALMASI, EDIE  
Address: 7 SNOWCREST COURT  
City-St-Zip: MARKHAM, ON L3S2V9

Title: DC ( ) Delete  
Name: CRACOWER, HOWARD  
Address: 7 SNOWCREST COURT  
City-St-Zip: MARKHAM, ON L3S2V9

Title: D ( ) Delete  
Name: FIALKOV, HOWARD  
Address: 604 CASTLEFIELD AVENUE  
City-St-Zip: TORONTO, ON M5N1L8

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDIE ALMASI

DTSPS

04/03/2009

Electronic Signature of Signing Officer or Director

Date