

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90005 003 \*\*\*550.00

DOCUMENT # F06000003358

1. Entity Name  
MEDICAL NEWS PAPERS, INC.



Principal Place of Business  
5123 VIRGINIA WAY, A-23  
BRENTWOOD, TN 37027

Mailing Address  
5123 VIRGINIA WAY, A-23  
BRENTWOOD, TN 37027

40132048



2. Principal Place of Business - No P.O. Box #  
7000 Executive Drive (Same)  
Suite, Apt. #, etc. Ste 230

3. Mailing Address  
Suite, Apt. #, etc.

07102007 Chg-P CR2E034 (12/06)

City & State  
Brentwood  
Zip 37027 Country

City & State  
TN  
Zip Country

4. FEI Number  
71-0873033  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WILSON, DAVID C.  
15814 SPRING CREST CIR.  
TAMPA, FL 33624

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME HARDCASTLE, MAC  
STREET ADDRESS 5123 VIRGINIA WAY, A-23  
CITY-ST-ZIP BRENTWOOD, TN 37027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Mac Hardcastle CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-07 615-385-4471  
Date Daytime Phone #