2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# F06000005502

Entity Name: MEDICAL NETWORK PROVIDERS, INC.

Current Principal Place of Business:

822 HWY A1A NORTH STE 310
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

90 FORT WADE ROAD
PONTE VEDRA, FL 32081

Current Mailing Address:

822 HWY A1A NORTH STE 310
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

90 FORT WADE ROAD
PONTE VEDRA, FL 32081

FEI Number: 20-5384560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P ( ) Delete
Name: SMITH, CARY H
Address: 822 HWY A1A NORTH STE 310
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: CLEMENTS, FALLON M
Address: 90 FORT WADE ROAD
City-St-Zip: PONTE VEDRA, FL 32081

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: FALLON CLEMENTS TREA 02/23/2009

Electronic Signature of Signing Officer or Director Date