

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005502

FILED  
Feb 03, 2010  
Secretary of State

Entity Name: MEDICAL NETWORK PROVIDERS, INC.

## Current Principal Place of Business:

90 FORT WADE ROAD  
PONTE VEDRA, FL 32081

## New Principal Place of Business:

## Current Mailing Address:

90 FORT WADE ROAD  
PONTE VEDRA, FL 32081

## New Mailing Address:

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:

GORMAN, FALLON  
90 FORT WADE ROAD  
PONTE VEDRA, FL 32081 US

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: FALLON GORMAN

02/03/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T  
Name: GORMAN, FALLON M  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

Title: P  
Name: WILLICH, RICHARD  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

Title: S  
Name: STOLL, DANIEL  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

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: FALLON GORMAN

T

02/03/2010

Electronic Signature of Signing Officer or Director

Date