

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005502

FILED
Jan 10, 2012
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:

90 FORT WADE ROAD
ATTENTION: CORPORATE COMPLIANCE
PONTE VEDRA, FL 32081

Current Mailing Address:

90 FORT WADE ROAD
PONTE VEDRA, FL 32081

New Mailing Address:

90 FORT WADE ROAD
ATTENTION: CORPORATE COMPLIANCE
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:

GORMAN, FALLON
90 FORT WADE ROAD
PONTE VEDRA, FL 32081 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: P
Name: RICHARDS, MATTHEW
Address: 90 FORT WADE ROAD
City-St-Zip: PONTE VEDRA, FL 32081

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

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

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

Title: D
Name: GORMAN, FALLON
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

01/10/2012

Electronic Signature of Signing Officer or Director

Date