# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 14, 2011**
**Secretary of State**

DOCUMENT# F77937

**Entity Name:** MEDICAL PEGBOARD SYSTEMS, INC.

**Current Principal Place of Business:**

% JUANITA K. MYERS
8319 NORTH HABANA AVE.,
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

% JUANITA K. MYERS
8319 NORTH HABANA AVE.,
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number: 59-2184054** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYERS, JUANITA K PRES
8319 NORTH HABANA AVE
TAMPA, FL 33614 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: PTD
Name: MYERS, JUANITA
Address: 8319 NORTH HABANA AVENUE
City-St-Zip: TAMPA, FL 00000,

Title: STD
Name: MYERS, JUANITA K.
Address: 8319 NORTH HABANA AVENUE
City-St-Zip: TAMPA, FL

Title: V
Name: KELLY, EUGENE
Address: 8319 NORTH HABANA AVENUE
City-St-Zip: TAMPA, FL

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: JUANITA K. MYERS PRES 03/14/2011

Electronic Signature of Signing Officer or Director Date