

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G29614

FILED
Apr 20, 2009
Secretary of State

Entity Name: MEDICAL EXPLORATORY CORPORATION INC.

Current Principal Place of Business:

2991 CORAL WAY
MIAMI, FL 33145

New Principal Place of Business:

2980 SW 21ST TERR
MIAMI, FL 33145

Current Mailing Address:

2980 SW 21 TERRACE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 59-2277504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, SOLOMON
2980 SW 21 TERRACE
MIAMI, FL 33145 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: CAMPBELL, JOHN W.
Address: 2991 CORAL WAY
City-St-Zip: MIAMI, FL 33145 US

Title: VP () Delete
Name: KENT, MICHAEL, J
Address: 2149 SW 30TH COURT
City-St-Zip: MIAMI, FL 33145 US

Title: T () Delete
Name: CAMPBELL, JOHN W.
Address: 2991 CORAL WAY
City-St-Zip: MIAMI, FL 33134 US

Title: S () Delete
Name: CAMPBELL, JOHN
Address: 2991 CORAL WAY
City-St-Zip: MIAMI, FL 33145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN W CAMPBELL

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date