

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24987

Entity Name: MEDICT SYSTEMS, INC.

FILED  
Feb 21, 2009  
Secretary of State

## Current Principal Place of Business:

10150 HIGHLAND MANOR DR, STE 200  
TAMPA, FL 33610 US

## Current Mailing Address:

10150 HIGHLAND MANOR DR, STE 200  
TAMPA, FL 33610 US

## New Principal Place of Business:

10150 HIGHLAND MANOR DR,  
SUITE 200  
TAMPA, FL 33610 US

## New Mailing Address:

10150 HIGHLAND MANOR DR,  
SUITE 200  
TAMPA, FL 33610 US

FEI Number: 59-2455594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FLANAGAN & MENCHINGER, P.A.  
2831 RINGLING BLVD  
SUITE 204-B  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

HRIC, MICHAEL  
1800 SECOND STREET  
SUITE 901  
SARASOTA, FL 34236 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: MICHAEL HRIC

02/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C/P ( ) Delete  
Name: HUTTON, C. THOMAS  
Address: 501 KNIGHTS RUN AVENUE, 2308  
City-St-Zip: TAMPA, FL 33602 US

Title: D/S ( ) Delete  
Name: HUTTON, GAIL P  
Address: 501 KNIGHTS RUN AVENUE, 2308  
City-St-Zip: TAMPA, FL 33602 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GAIL P. HUTTON

D/S

02/21/2009

Electronic Signature of Signing Officer or Director

Date