

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64646

FILED
Jul 18, 2006
Secretary of State

Entity Name: MEDI-FILE OF TAMPA, INC.

Current Principal Place of Business:

1700 MCMULLEN BOOTH RD.
STE D-4
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

3008 WISTER CIRCLE
VALRICO, FL 335945639 US

New Mailing Address:

FEI Number: 59-2550663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, DEBRA A
3008 WISTER CIRCLE
VALRICO, FL 335945639 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: POWERS, DEBRA ANN,
Address: 3008 WISTER CIRCLE
City-St-Zip: VALRICO, FL 335945639

Title: VP () Delete
Name: POWERS, STEPHANIE
Address: 3008 WISTER CIRCLE
City-St-Zip: VALRICO, FL 33594

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 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: DEBRA A POWERS

PSTD

07/18/2006

Electronic Signature of Signing Officer or Director

Date