

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64646

Entity Name: MEDI-FILE OF TAMPA, INC.

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

3008 WISTER CIRCLE
VALRICO, FL 335945639 US

New Principal Place of Business:

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

New Mailing Address:

3008 WISTER CIRCLE
VALRICO, FL 335965639 US

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:

POWERS, DEBRA A
3008 WISTER CIRCLE
VALRICO, FL 335965639 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: DEBRA A POWERS

02/07/2008

Electronic Signature of Registered Agent

Date

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: PSTD (X) Change () Addition
Name: POWERS, DEBRA ANN,
Address: 3008 WISTER CIRCLE
City-St-Zip: VALRICO, FL 335965639

Title: VP (X) Change () Addition
Name: POWERS, STEPHANIE
Address: 3008 WISTER CIRCLE
City-St-Zip: VALRICO, FL 33596

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: STEPHANIE POWERS

VP

02/07/2008

Electronic Signature of Signing Officer or Director

Date