

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88207

Entity Name: MEDI+PHYSICALS, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

4920 W. CYPRESS ST
STE 102
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4920 W. CYPRESS ST
STE 102
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3034408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETTYJOHN, CHARLES
4920 W CYPRESS ST
102
TAMPA, FL 33607 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: PETTYJOHN, CHARLES
Address: 4920 W CYPRESS ST #102
City-St-Zip: TAMPA, FL 33607

Title: VP () Delete
Name: MCENERY, HEATHER
Address: 4920 W CYPRESS ST #102
City-St-Zip: TAMPA, FL 33607

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: CHARLES PETTYJOHN

P

01/03/2007

Electronic Signature of Signing Officer or Director

Date