

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M90865

Entity Name: MED+ED, INC.

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11321 CHURCH HILL TRAIL  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

% DEBORAH J. BORELLI  
P.O. BOX 4104  
SEMINOLE, FL 337754104 US

**New Mailing Address:**

FEI Number: 59-2904778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORELLI, DEBORAH J.  
11321 CHURCH HILL TRAIL  
SEMINOLE, FL 337727160 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BORELLI, MICHAEL A.  
Address: 11321 CHURCH HILL TRAIL  
City-St-Zip: SEMINOLE, FL 337727160

Title: D  
Name: BORELLI, DEBORAH J.  
Address: 11321 CHURCH HILL TRAIL  
City-St-Zip: SEMINOLE, FL 337727160

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A BORELLI

SEC

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date