

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005784

FILED
Apr 18, 2008
Secretary of State

Entity Name: MED FILE NOW SERVICES, INC.

Current Principal Place of Business:

200 AVIATION DRIVE N STE 9
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

200 AVIATION DRIVE N STE 9
NAPLES, FL 34104

New Mailing Address:

FEI Number: 75-3250508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREUSEL, JAMIE B
1104 N COOLIER BLVD
MARCO ISLAND, FL 34145 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 () Delete
Name: GURSOY, KEMAL A
Address: 200 AVIATION DRIVE N STE 9
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: GURSOY, NURIA P
Address: 280-2 WEST NAOMI DR
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: GURSOY, JOAN N
Address: 1035 PETTIT CT
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEMAL A. GURSOY

MR.

04/18/2008

Electronic Signature of Signing Officer or Director

Date