2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N96000003021

Entity Name: METAVISIONS, INC.

Current Principal Place of Business:

1689-B MAHAN CENTER BLVD
TALLAHASSEE, FL 32308

New Principal Place of Business:

2615 CENTENNIAL BLVD
200
TALLAHASSEE, FL 32308

Current Mailing Address:

1689-B MAHAN CENTER BLVD
TALLAHASSEE, FL 32308

New Mailing Address:

2615 CENTENNIAL BLVD
200
TALLAHASSEE, FL 32308

FEI Number: 59-3399292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEAY, MARY E
1448-2 TERRACE STREET
TALLAHASSEE, FL 32303 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: PD
Name: SEAY, MARY E M.D.
Address: 1448-2 TERRACE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: DV
Name: KOEPPEL, SCOTT R
Address: 1689-B MAHAN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD
Name: BARRIOS, SALLY
Address: 3913 CATES AVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: D
Name: HUTCHESON, CAROL
Address: 573 GOULD RD
City-St-Zip: QUINCY, FL 32351

Title: D
Name: EVERS, CINDY
Address: 4063 MCCARTHY WAY
City-St-Zip: TALLAHASSEE, FL 32309

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

SIGNATURE: SCOTT R KOEPPEL V 01/05/2012

Electronic Signature of Signing Officer or Director Date