## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000055844

Entity Name: MEDICALMEALS, INC

FILED May 01, 2003 Secretary of State

_market	e. WEDION					
Current P	rincipal Place	e of Business:	New Prin	cipal Pla	ace of Business:	
P.O. BOX DELRAY E	216 BEACH, FL 33	4470216				
Current M	lailing Addres	ss:	New Mail	ing Addı	ress:	
P.O. BOX DELRAY E	216 BEACH, FL 33	4470216				
FEI Number	: 65-1022603	FEI Number Applied For()	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent	: Name and	d Addres	s of New Registered Agent:	
C/O JOHN 101 SE 6T	OHN R ESQ I ROSS P.A. IH AVE STE G BEACH, FL 33					
	named entity e of Florida.	submits this statement for t	he purpose of changing	its regist	ered office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered	Agent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LUNSFORD, K 2807 SW 5TH		Title: Name: Address: City-St-Zip:		( ) Change() Addition	
Title: Name: Address:	DEMER, JOHN	) Delete       WOOD CIRCLE	Title: Name: Address:	DP DEMER 1001 SO	(X) Change()Addition , JOHN DUTH LAKESIDE DRIVE	

City-St-Zip:

LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KELLEY LUNSFORD DV 05/01/2003

PALM BEACH GARDENS, FL 33410

City-St-Zip: