

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062748

FILED
Apr 06, 2009
Secretary of State

Entity Name: MEDICAL DESIGN GROUP, INC.

Current Principal Place of Business:

3019 SW 27TH AVENUE
SUITE 102
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3019 SW 27TH AVENUE
SUITE 102
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3716645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROW, CHESTER J
21 NORTH MAGNOLIA AVENUE
SECOND FLOOR
OCALA, FL 34475 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: PCEO () Delete
Name: MCLAUCHLIN, BEN G
Address: 730 E 5 AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: SRV () Delete
Name: GORDON, MICHAEL L
Address: 3019 SW 27TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: COO () Delete
Name: GORDON, MICHAEL L
Address: 3019 SW 27TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: ST (X) Delete
Name: RANSOME, DEBBIE S
Address: 3019 SW 27TH AVENUE
City-St-Zip: OCALA, FL 34474

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:

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

SIGNATURE: BEN G MCLAUCHLIN

PCEO

04/06/2009

Electronic Signature of Signing Officer or Director

Date