2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2010
Secretary of State

DOCUMENT# P00000062748

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:

3019 SW 27TH AVENUE
SUITE 102
OCALA, FL 34471

Current Mailing Address:

3019 SW 27TH AVENUE
SUITE 102
OCALA, FL 34474

New Mailing Address:

3019 SW 27TH AVENUE
SUITE 102
OCALA, FL 34471

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:

TROW, CHESTER J
1301 NE 14TH STREET
OCALA, FL 34470 US

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: CHESTER TROW 04/19/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MCLAUCHLIN, BEN G
Address: 730 E 5 AVE
City-St-Zip: MOUNT DORA, FL 32757

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

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

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: BEN MCLAUCHLIN PCEO 04/19/2010
Electronic Signature of Signing Officer or Director Date