

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085801

Entity Name: MEDI-PAWS II, INC.

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

3901 E COLONIAL DR  
A  
ORLANDO, FL 32803

## New Principal Place of Business:

## Current Mailing Address:

3901 E COLONIAL DR  
ORLANDO, FL 32803

## New Mailing Address:

FEI Number: 59-3135168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, N. LOIS PSD  
3901 E. COLONIAL DRIVE  
ORLANDO, FL 32803 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: PSD ( ) Delete  
Name: ADAMS, N LOIS  
Address: 3901 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32803 US

Title: ASD ( ) Delete  
Name: BISZICK, MERYL  
Address: 3901 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32803 US

Title: VP ( ) Delete  
Name: MCCULLY, PHILIP  
Address: 3901 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32803 US

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

SIGNATURE: N. LOIS ADAMS

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date