2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P01000036505

Entity Name: MEDSOLUTIONS INTERNATIONAL, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1170 W SR 434 STE. 499 LONGWOOD, FL 32750	

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 521355 LONGWOOD, FL 32752	

FEI Number: 59-3709157   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SWIER, RAYMOND 1170 W SR 434 STE. 499 LONGWOOD, FL 32750 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: _____

      Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VPTD ( ) Delete
Name:	CROOKER, KEN
Address:	1170 W SR 434, STE. 499
City-St-Zip:	LONGWOOD, FL 32750

Title:	PSD (X) Delete
Name:	SWIER, RAYMOND
Address:	1170 W SR 434, STE. 499
City-St-Zip:	LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PSTD (X) Change ( ) Addition
Name:	SWIER, RAYMOND
Address:	1170 W SR 434, STE. 499
City-St-Zip:	LONGWOOD, FL 32750

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: RAYMOND SWIER   PSTD   04/22/2009

      Electronic Signature of Signing Officer or Director   Date