

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000119468

Entity Name: MYMEDICALFORMS.COM, INC.

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

600 NORTHERN WAY  
#1608  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5725  
WINTER PARK, FL 327935725

**New Mailing Address:**

FEI Number: 04-3672488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JARMAKOWICZ, EDWARD A  
600 NORTHERN WAY  
#1608  
WINTER SPRINGS, FL 32708 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: PSTD  
Name: JARMAKOWICZ, EDWARD A  
Address: 600 NORTHERN WAY #1608  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SEC  
Name: HEENEY, MARY E  
Address: 19849 OBERLY PKWY  
City-St-Zip: ORLANDO, FL 32833

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: MARY HEENEY

SEC

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date