

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061941

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: MEDICAL SHOPPE OF MARCO, INC.

## Current Principal Place of Business:

190 HOLLYHOOK CT  
MARCO ISLAND, FL 34145 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1521  
MARCO ISLAND, FL 34146 US

## New Mailing Address:

FEI Number: 20-0031824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LALONDE, ELIZABETH J  
190 HOLLTHOCK CT  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

DEFALCO, JOHN R  
190 HOLLTHOCK CT  
MARCO ISLAND, FL 34145 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: JOHN R. DEFALCO

01/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V (X) Delete  
Name: LALONDE, ROGER J  
Address: 8583 CHASE PRESERVE DR  
City-St-Zip: NAPLES, FL 34113

Title: CFO (X) Delete  
Name: DEFALCO, JOHN R  
Address: 190 HOLLYHOCK CT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: V ( ) Delete  
Name: DEFALCO, OPIMIA  
Address: 190 HOLLYHOCK CT  
City-St-Zip: MARCO ISLAND, FL 34145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: DEFALCO, OPIMIA  
Address: 190 HOLLYHOCK CT  
City-St-Zip: MARCO ISLAND, FL 34145

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: OPIMIA DEFALCO

V

01/31/2009

Electronic Signature of Signing Officer or Director

Date