2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125505

FILED May 01, 2009 Secretary of State

Entity Name: MEDLINK PROFESSIONAL MANAGEMENT GROUP, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|--|---|---|--|
| 1809 NE 2 MIAMI, FL | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 1809 NE 2 MIAMI, FL | | | | |
| FEI Number | : 20-0487064 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| | AWRENCE | | | |
| 1809 NE 2 MIAMI, FL | 33132 US | | | |
| MIAMI, FL The above | 33132 US | | purpose of changing its registered | d office or registered agent, or both, |
| MIAMI, FL The above | 33132 US named entity of Florida. | | purpose of changing its registered | d office or registered agent, or both, |
| MIAMI, FL The above in the State | 33132 US named entity of Florida. RE: | | | d office or registered agent, or both, Date |
| MIAMI, FL The above in the State SIGNATUI in accordan | named entity of Florida. RE: Electro | submits this statement for the p | ent | |
| MIAMI, FL The above in the State SIGNATUI in accordan Election Car | named entity of Florida. RE: Electro | submits this statement for the particles of Registered Agrees (2)(b), F.S., the corporation did not go Trust Fund Contribution (). | ent ot receive the prior notice. | |
| MIAMI, FL The above in the State SIGNATUI in accordan Election Car | named entity of Florida. RE: Electro ce with s. 607.19 mpaign Financir S AND DIRECT | submits this statement for the prince Signature of Registered Age 93(2)(b), F.S., the corporation did not get Trust Fund Contribution (). CTORS:) Delete RENCE AVE | ent ot receive the prior notice. ADDITIONS/CHANGE | Date |

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: LAWRENCE S. DURAN PD 05/01/2009