2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P04000063715

Entity Name: MEDICEPTS, INC.

Current Principal Place of Business:

2590 WILLOUGHBY BLVD.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2590 WILLOUGHBY BLVD.
STUART, FL 34994

New Mailing Address:

FEI Number: 20-1034881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRESSETTE, NORMAN F
2590 SE WILLOUGHBY BLVD.
STUART, FL 34994 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: PS ( ) Delete
Name: SANTARSIERO, JOHN
Address: 2075 SE ST WCIE BLVD
City-St-Zip: STUART, FL 34996

Title: TSCF ( ) Delete
Name: BRESSTTE, NORMAN F
Address: 3270 SW ISLAND WAY
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: COO ( ) Change (X) Addition
Name: MCCULLOUGH, WAYNE
Address: 629 LIGHTHOUSE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

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: NORMAN F. BRESSETTE TSCF 04/24/2009

Electronic Signature of Signing Officer or Director — Date