

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084260

Entity Name: MEDSPECIALISTS, INC.

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

1240 S FORT HARRISON
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1240 S FORT HARRISON
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 68-0587533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, JAMES J III
401 E JACKSON STREET SUITE 2500
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD (X) Delete
Name: BEAUCHAMP, PHILIP K
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: PD () Delete
Name: COURIS, JOHN
Address: 1240 S FT HARRISON
City-St-Zip: CLEARWATER, FL 33756

Title: T (X) Delete
Name: O'NEIL, DAVID J
Address: 1240 S FT HARRISON
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: LEWMAN, SHERRI
Address: 1240 S FT HARRISON
City-St-Zip: CLEARWATER, FL 22753

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOHN COURIS

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date