

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000084260

Entity Name: MEDSPECIALISTS, INC.

**FILED**  
**Feb 18, 2010**  
**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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: JOHN COURIS

P

02/18/2010

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

\_\_\_\_\_  
Date