## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000150812

**Entity Name:** MEDICAL NETOFFICE, INC.

**FILED** Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5035 MAPLE GLEN PLACE LAKE FOREST, FL 32771 US **Current Mailing Address: New Mailing Address:** 5035 MAPLE GLEN PLACE LAKE FOREST, FL 32771 US FEI Number: 32-0131364 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NANUS, FRED 5035 MÁPLE GLEN PLACE US LAKE FOREST, FL 32771 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NANUS, FRED Name: Name: 5035 MAPLE GLEN PLACE Address: Address: City-St-Zip: LAKE FOREST, FL 32771 US City-St-Zip: Title: VP,S () Delete Title: () Change () Addition Name: GILBERT, CAROLE Name: 1720 EMMETT AVENUE Address: Address: SANFORD, FL 32771 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: FRED NANUS 04/28/2006