

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000017805

**FILED**  
**Feb 06, 2011**  
**Secretary of State**

**Entity Name:** MEDICALWAY & CONSULTING, INC.

**Current Principal Place of Business:**

4288 EDWARDS ROAD  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 19368  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

**FEI Number:** 20-2339502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIKE, BILL  
4288 EDWARDS ROAD  
WEST PALM BEACH, FL 33406 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: PIKE, BILL  
Address: 4288 EDWARDS ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D  
Name: BOSTROM, SAMANTHA  
Address: 760 EAST 1050 NORTH  
City-St-Zip: BOUNTIFUL, UT 84010

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: BILL PIKE

DPST

02/06/2011

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

\_\_\_\_\_  
Date