2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P05000138910

Entity Name: MED FILE NOW, INC.

Current Principal Place of Business:

200 AVIATION DR. N., SUITE NO. 9
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

200 AVIATION DR. N., SUITE NO. 9
NAPLES, FL 34104

New Mailing Address:

FEI Number: 83-0438788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREUSEL, JAMIE B
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145 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: D ( ) Delete
Name: GURSOY, KEMAL
Address: 200 AVIATION DR. N., SUITE NO. 9
City-St-Zip: NAPLES, FL 34104

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: B ( ) Change (X) Addition
Name: GURSOY, NURIA
Address: 200 AVIATION DR. N., SUITE NO. 9
City-St-Zip: NAPLES, FL 34104

Title: B ( ) Change (X) Addition
Name: ROCHIN, DAVID
Address: 200 AVIATION DR. N., SUITE NO. 9
City-St-Zip: NAPLES, FL 34104

Title: B ( ) Change (X) Addition
Name: SCHAUMLOFFEL, KONRAD
Address: 200 AVIATION DR. N., SUITE NO. 9
City-St-Zip: NAPLES, FL 34104

Title: B ( ) Change (X) Addition
Name: SCHOENING, TRAVIS
Address: 200 AVIATION DR. N., SUITE NO. 9
City-St-Zip: NAPLES, FL 34104

Title: B ( ) Change (X) Addition
Name: BRIEDE, TREVOR
Address: 200 AVIATION DR. N., SUITE NO. 9
City-St-Zip: NAPLES, FL 34104

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: KEMAL A. GURSOY D 04/29/2009

Electronic Signature of Signing Officer or Director Date