

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000007104

Entity Name: MEDOPTIONS, INC.

**FILED**  
**Mar 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12485 SW 137 AVE  
109  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12485 SW 137 AVE  
109  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-4194985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANTANA, JOHN  
12485 SW 137 AVE  
109  
MIAMI, FL 33186 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: D  
Name: SANTANA, JOHN  
Address: 15030 SW 127 PLACE  
City-St-Zip: MIAMI, FL 33186

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: J SANTANA

P

03/03/2012

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

\_\_\_\_\_  
Date