## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000031998

FILED Mar 19, 2009 Secretary of State

Entity Name: CTC MED SOLUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4960 SW 52ND ST #412 **DAVIE, FL 33314 New Mailing Address: Current Mailing Address:** 4960 SW 52ND ST #412 **DAVIE, FL 33314** FEI Number: 20-4410159 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: SCHEDRIN, DIANA 4960 SW 52ND ST #412 DAVIE, FL 33314 US 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: (X) Change ( ) Addition SCHEDRIN, DIANA SCHEDRIN, DIANA Name: Name: 5150 SW 48 WAY #602 8219 NW 8TH ST Address: Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: PLANTATION, FL 33324

Title: Title: () Delete (X) Change ( ) Addition Name: SCHEDRIN, VLADISLAV V Name: SCHEDRIN, VLADISLAV V

4960 SW 52ND ST #412 Address: 8219 NW 8TH ST Address: **DAVIE, FL 33314** PLANTATION, FL 33324 City-St-Zip: Citv-St-Zip:

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.

VΡ SIGNATURE: DIANA SCHEDRIN 03/19/2009