

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085646

FILED
Jan 05, 2009
Secretary of State

Entity Name: TELFONIX MEDICAL CONSULTING, INC

Current Principal Place of Business:

197 S. ROSCOE BLVD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

3787 PALM VALLEY RD, SUITE 102-335
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

197 S. ROSCOE BLVD.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

3787 PALM VALLEY RD, SUITE 102-335
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-5096326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBRUZZINO, FRANKIE S
197 S ROSCOE BLVD
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

ABBRUZZINO, ISABELLA
3787 PALM VALLEY RD, SUITE 102-335
PONTE VEDRA BEACH, FL 32082 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: ISABELLA ABBRUZZINO

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRE () Delete
Name: ABBRUZZINO, FRANKIE
Address: 197 S ROSCOE BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: ABBRUZZINO, LISA
Address: 197 S ROSCOE BLVD
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ABBRUZZINO, ISABELLA
Address: 3787 PALM VALLEY RD, SUITE 102-335
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP (X) Change () Addition
Name: ABBRUZZINO, FRANCESCA
Address: 3787 PALM VALLEY RD, SUITE 102-335
City-St-Zip: PONTE VEDRA, FL 32082

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: ISABELLA ABBRUZZINO

VP

01/05/2009

Electronic Signature of Signing Officer or Director

Date