2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095089

Entity Name: MAIN STREET MEDICAL USA, INCORPORATED

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11734 NORTH DALE MABRY TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 11734 NORTH DALE MABRY TAMPA, FL 33618 FEI Number: 20-5487929 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: STEFANO, STEPHEN A M.D. 11734 NORTH DALE MABRY TAMPA, FL 33618 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: PSD () Delete
Name: STEFANO, STEPHEN A M.D.
Address: 11734 NORTH DALE MABRY

City-St-Zip: TAMPA, FL 33618

Title: TRES () Delete

Name: STEFANO, LISA Address: 11500 DALE MABRY HWY. APT 306

City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition Name: STEFANO, STEPHEN A M.D. Address: 11734 NORTH DALE MABRY

City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition

Name: Address: City-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.

SIGNATURE: STEPHEN STEFANO PRES 04/29/2009