

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156280

Entity Name: MEDLINK MEDICAL INC.

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

9655 SOUTH DIXIE HIGHWAY
SUITE 300
PINE CREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

9655 SOUTH DIXIE HIGHWAY
SUITE 300
PINE CREST, FL 33156

New Mailing Address:

FEI Number: 20-8101827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLUSKEY AND MCDONALD, P.A.
8821 SW 69 COURT
MIAMI, FL 33156 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: P () Delete
Name: NAVARRO, JOSUE
Address: 9655 S DIXIE HWY #300
City-St-Zip: PINECREST, FL 33156

Title: VP () Delete
Name: TRESPALACIOS, JOSE
Address: 9655 S DIXIE HWY #300
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSUE NAVARRO

PRES

03/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date