## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90080 027 \*\*\*150.00

DOCUMENT # P0700000034  1. Entity Name MEDICAL INVESTIGATIVE SOLUTIONS, INC.							04-21-2008	90080 0	)27 ***15	50.00
Principal Place	a of Business	Ma	ailing Address			╣.				
1072 17TH AVENUE NORTH ST PETERSBURG, FL 33704			1072 17TH AVENUE NORTH ST PETERSBURG, FL 33704			uiri 1887) ABIN ABIN ABIN		II BRIDS IIIN BID	1881: N 18 <b>8</b> 1	
2 Principal P	Inno of Business - No B.O.	Bov # 3 1	Mailing Address							
2. Principal Place of Business - No P.O. Box #			5401 Central Avenue				<b>a</b> iii I <b>aa</b> ii <b>Ba</b> ii, <b>Ba</b> ii <b>Ba</b> ii	I BEJII BEJII BEJ	<b>                                    </b>	
Suite, Apt. #, etc.						02052008	Chg-P	CR2E03	34 (12/06)	
City & State		'	City & State			4. FEI Number				plied For t Applicable
Zip	Zip Country		St Petersburg.							
-ib	Cooming		33710		ISA	5. Certificate o	f Status Desired		ee Required	
	6. Name and Address	of Current Regis	tered Agent			7. Name and A	ddress of New R	egistered A	gent	
				-	Name	<del></del>				
MCATEE, CAROL 5401 CENTRAL AVE ST PETERSBURG, FL 33710				Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	е
	named entity submits this ions of registered agent.	statement for the p	ourpose of changing its	register	ted office or registe	ered agent, or both	, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of		AIOT		ed Agent signature require	and various resignations?		DATE		
	Signature, typed or printed name of t	registered agent and title	паррісаціе. (1401)	nagistara	30 Agent signature require	an whiter remarkating)		DATE.		
						<b>I</b>				
	E NOW!!! FEE IS \$1 ay 1, 2008 Fee will		9. Election Campai Trust Fund Cont		ncing \$5	5.00 May Be ded to Fees				
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