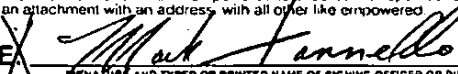


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

01-14-2008 90102 024 ***150.00

DOCUMENT # P07000029488					
1. Entity Name MEDKB HEALTH, INC.					
Principal Place of Business 1543 DOUGLAS AVE DUNEDIN, FL 34698			Mailing Address 1543 DOUGLAS AVE DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
IANELLO, MARK 1543 DOUGLAS AVE DUNEDIN, FL 34698				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	DPVS	IANELLO, MARK	1543 DOUGLAS AVE		IANELLO, MARK
		DUNEDIN, FL 34698			1543 DOUGLAS AVE
					DUNEDIN, FL 34698
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 				Date 7/14/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

66015308



01112008 Chg-P CR2E034 (12/06)

4. F.B.I. Number **20-8790966** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

MEDKB HEALTH INC
1543 Douglas Avenue
Dunedin, FL 34698

ATTACHMENT

66015308
#P07000029488

1043

83-751/631
BRANCH 00489

Pay to the
order of

Florida Department of state

\$ 150.00

One Hundred fifty

00/100

Dollars



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Features
Details on
Back



WACHOVIA

Wachovia Bank, N.A.
wachovia.com

P07000029488

For

annual corporate renewal

Mark Fannell

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1008068796

JAN 14 2008

BANK OF AMERICA NA JAX
00630000474 06211 94 P05
01/22/08

0000000000001043 00000000001852783040

Account	Date	Amount	Serial Number	Sequence	Status
000002000034789764	1/22/2008	\$150.00	0000000000001043	00000000001852783040	Posted Items

Wachovia Bank, N.A. certifies that the above image is a true and exact copy of the original item issued by the named customer, and was produced from original data stored in the archives of Wachovia Bank, N.A. or its predecessors.