## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000048812

Entity Name: MEDI-K THERAPY, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1490 W 49TH PL, STE 580 HIALEAH, FL 330123190

Current Mailing Address: New Mailing Address:

1490 W 49TH PL, STE 580 1490 W 49TH PL

HIALEAH, FL 330123190 580 HIALEAH, FL 330123190

HIALEAH, FL 33012319

FEI Number: 20-2444149 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:

KARAIAN, DAVID KARAIAN, DAVID 251 PARK BLVD 1490 W 49 PL

MIAMI, FL 33126 US 580 HIALEAH, FL 33012 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: DAVID KARAIAN 01/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 VP (X) Change () Addition

 Name:
 KARAIAN, DAVID
 Name:
 KARAIAN, DAVID

 Address:
 251 PARK BLVD
 Address:
 11461 NW 37 ST

 Address:
 251 PARK BLVD
 Address:
 11461 NW 37 ST

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 SUNRISE, FL 33323

Title: VP ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 SAGARRA, RONALD
 Name:
 SAGARRA, RONALD

 Address:
 251 PARK BLVD
 Address:
 555 NW 72 AVE APT 106

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33126

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: RONALD SAGARRA P 01/15/2009