2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2010
Secretary of State

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Entity Name: INFORMED MEDICAL DECISIONS, INC.

Current Principal Place of Business:

400 S. FARRELL DR., SUITE B-210
PALM SPRINGS, CA 92262

New Principal Place of Business:

4230 SOUTH MACDILL
#224
TAMPA, FL 33611

Current Mailing Address:

400 S. FARRELL DR., SUITE B-210
PALM SPRINGS, CA 92262

New Mailing Address:

PO BOX 20547
ST. PETERSBURG, FL 33742

FEI Number: 26-1327289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVEN K. BAIRD, P.A.
5981 NE SIXTH AVENUE
MIAMI, FL 33137 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: D, P
Name: NIXON, DAVID P
Address: 4230 SOUTH MACDILL
City-St-Zip: TAMPA, FL 33611

Title: D
Name: SHAPPELL, HEATHER
Address: 4230 SOUTH MACDILL
City-St-Zip: TAMPA, FL 33611

Title: D,T
Name: SUTPHEN, REBECCA
Address: 4230 SOUTH MACDILL
City-St-Zip: TAMPA, FL 33611

Title: S
Name: NORMA, NIXON
Address: 4230 SOUTH MACDILL
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: DAVID P. NIXON D 02/05/2010

Electronic Signature of Signing Officer or Director Date