

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073647

FILED
Feb 04, 2011
Secretary of State

Entity Name: INFORMED MEDICAL DECISIONS, INC.

Current Principal Place of Business:

4230 SOUTH MACDILL
#224
TAMPA, FL 33611

New Principal Place of Business:

360 CENTRAL AVENUE
SUITE 1230
ST. PETERSBURG, FL 33701

Current Mailing Address:

PO BOX 20547
ST. PETERSBURG, FL 33742

New Mailing Address:

360 CENTRAL AVENUE
SUITE 1230
ST. PETERSBURG, FL 33701

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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: NIXON, DAVID P
Address: 360 CENTRAL AVENUE, SUITE 1230
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DPT
Name: SUTPHEN, REBECCA
Address: 360 CENTRAL AVENUE, SUITE 1230
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SCOO
Name: NIXON, NORMA J
Address: 360 CENTRAL AVENUE, SUITE 1230
City-St-Zip: ST. PETERSBURG, FL 33701

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

02/04/2011

Electronic Signature of Signing Officer or Director

Date