

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127708

Entity Name: THE MEDI COMPANIES, INC

FILED
Jul 09, 2009
Secretary of State

Current Principal Place of Business:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLURE, WILLIAM A
167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: BROOKS, THOMAS
Address: 2410 NORTHSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP (X) Delete
Name: BROOKS, CHUCK
Address: 167 PALENCIA VILLAGE DRIVE STE 101
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: VP (X) Delete
Name: VANETTEN, MICHELLE
Address: 2410 NORTHSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Delete
Name: MCCLURE, WILLIAM
Address: 167 PALENCIA VILLAGE DRIVE STE 101
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MCCLURE, WILLIAM
Address: 167 PALENCIA VILLAGE DRIVE STE 101
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

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: WILLIAM MCCLURE

P

07/09/2009

Electronic Signature of Signing Officer or Director

Date