

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001967

Entity Name: MEDICALYNX CORPORATION

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

71 WOODCREEK DRIVE W  
SAFETY HARBOR, FL 34695 US

## New Principal Place of Business:

## Current Mailing Address:

71 WOODCREEK DRIVE W  
SAFETY HARBOR, FL 34695 US

## New Mailing Address:

FEI Number: 41-2264227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KASBATI, ASLAM  
71 WOODCREEK DRIVE W  
SAFETY HARBOR, FL 34695 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: PRES ( ) Delete  
Name: KASBATI, ASLAM  
Address: 71 WOODCREEK DRIVE W  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VP ( ) Delete  
Name: COLBECK, WILLIAM  
Address: 3636 CUERNAVACA COURT  
City-St-Zip: LARGO, FL 33771 US

Title: SECY ( ) Delete  
Name: PARKER, BETH  
Address: 900 COVE CAY DRIVE #6H  
City-St-Zip: CLEARWATER, FL 33760 US

Title: TREA ( ) Delete  
Name: SOMERS, AUDRA  
Address: 10760 63RD WAY  
City-St-Zip: PINELLAS PARK, FL 33782 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AUDRA SOMERS

TREA

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date