

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024430

Entity Name: MED BIZ ENTERPRISES, INC.

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7257 NW 4TH BLVD  
258  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

7257 NW 4TH BLVD  
258  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 26-2180273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHAGER-SMITH, LISA  
7257 NW 4TH BLVD  
258  
GAINESVILLE, FL 32607 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: D  
Name: SCHAGER-SMITH, LISA  
Address: 2625 SW 75TH APT 615  
City-St-Zip: GAINESVILLE, FL 32608

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: LISA SCHAGER-SMITH

P

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date