## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000030220

FILED Apr 29, 2009 Secretary of State

Entity Name: DEAL AND WESSON MEDICAL PROPERTIES, INC.

Current P	rincipal Place	e of Business:	New Principal Place	e of Business:
	LE ROI STRE LTON BEACH			
Current Mailing Address:		New Mailing Address:		
P.O. 1154 SHALIMAF	R, FL 32579			
FEI Number	: 26-2239874	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
	DHN S ER MARTIN RI LLTON BEACH			
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
in the Stat	e of Florida. RE:			ed office or registered agent, or both,
in the State	e of Florida.  RE: Electro	nic Signature of Registered Ag		ed office or registered agent, or both,  Date
in the State	e of Florida.  RE: Electro			
in the State SIGNATUI	e of Florida.  RE: Electro	nic Signature of Registered Ag g Trust Fund Contribution().	ent	
in the State SIGNATUI	e of Florida.  RE: Electrol  mpaign Financin  S AND DIREC	nic Signature of Registered Aggrust Fund Contribution ( ). TORS: ) Delete W RCLE	ent	Date
in the State SIGNATUI Election Car OFFICER Title: Name: Address:	e of Florida.  RE:  Electroi  mpaign Financin  S AND DIRECT  P ( DEAL, AARON 160 BRIAN CIF MARY ESTHER  VP ( WESSON, JON 9 RUE DE LE I	nic Signature of Registered Ag g Trust Fund Contribution ( ). ETORS: ) Delete W RCLE R, FL 32569 ) Delete NATHAN K	ADDITIONS/CHANG Title: Name: Address:	Date  BES TO OFFICERS AND DIRECTORS

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: JONATHAN WESSON VP 04/29/2009