2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P08000108635

Entity Name: MOSTLY MEDICAL, INC.

Current Principal Place of Business:

2677 PARKVIEW DR
HALLANDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2677 PARKVIEW DR
HALLANDALE, FL 33309

New Mailing Address:

FEI Number: 80-0319273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHATKEN, NANCY
2677 PARKVIEW DR
HALLANDALE, FL 33309 US

Name and Address of New Registered Agent:

SCHATKEN, NANCY
2677 PARKVIEW DR
HALLANDALE, FL 33009 US

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: NANCY SCHATKEN 04/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: SHATKEN, NANCY
Address: 2677 PARKVIEW DR
City-St-Zip: HALLANDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: SCHATKEN, NANCY
Address: 2677 PARKVIEW DR
City-St-Zip: HALLANDALE, FL 33309

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: NANCY SCHATKEN PRES 04/13/2009
Electronic Signature of Signing Officer or Director Date