

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000017604

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** MEDICAL IT MANAGEMENT INC.

**Current Principal Place of Business:**

17 SE MARTIN LUTHER KING JR. BLVD  
SUITE 100  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7336  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

**FEI Number:** 26-0844099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YATES, JILL  
17 SE MARTIN LUTHER KING JR. BLVD  
SUITE 100  
STUART, FL 34994 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:** P  
**Name:** YATES, TIM  
**Address:** 2222 SE SHIPPING ROAD  
**City-St-Zip:** PORT ST. LUCIE, FL 34952

**Title:** VP  
**Name:** YATES, CAROL A  
**Address:** 2198 SE SHIPPING ROAD  
**City-St-Zip:** PORT ST. LUCIE, FL 34952

**Title:** ST  
**Name:** YATES, JILL  
**Address:** 2222 SE SHIPPING ROAD  
**City-St-Zip:** PORT ST. LUCIE, FL 34952

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:** TIM YATES

P

04/17/2012

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

\_\_\_\_\_  
Date