

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000031362

Entity Name: MEDISYN SYSTEMS, INC.

FILED
Jan 11, 2010
Secretary of State

Current Principal Place of Business:

2752 W HANNON HILL DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2752 W HANNON HILL DR
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 30-0553333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 32308 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: D
Name: ARTHUR, MICHAEL W
Address: 6810 TAILFEATHER WAY
City-St-Zip: BRADENTON, FL 34203

Title: D
Name: DANSBY, GRACE H
Address: 3800 APALACHEE PKKWY
City-St-Zip: TALLAHASSEE, FL 32311

Title: D
Name: DIMARE, W. FRANK
Address: 3545 US#1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D
Name: DUBARD, JOHN A PHD
Address: 2450 TIM GAMBLE PLACE, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: CD
Name: DUSSIA, EVAN EARL II
Address: 7000 DUCK COVE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: GAGER, LINDA D
Address: 27 COMARES AVE
City-St-Zip: ST AUGUSTINE, FL 32084

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: JOHN A. LESTER

PRES

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date