

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040455

FILED
Jan 06, 2011
Secretary of State

Entity Name: MEADOWS MEDICAL SOLUTIONS & PHYSICAL THERAPY, INC.

Current Principal Place of Business:

609 MEDICAL CARE DR.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

609 MEDICAL CARE DR.
BRANDON, FL 33511

New Mailing Address:

FEI Number: 26-4822451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DR., SUITE 1300
JACKSONVILLE, FL 32202 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: MEADOWS, WILLIAM F III
Address: 609 MEDICAL CARE DR.
City-St-Zip: BRANDON, FL 33511

Title: D
Name: MEADOWS, CAROLYN C
Address: 609 MEDICAL CARE DR.
City-St-Zip: BRANDON, FL 33511

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: CAROLYN CONRAD MEADOWS

D

01/06/2011

Electronic Signature of Signing Officer or Director

_____ Date