

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000075119

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** MEDALLION MEDICAL TECHNOLOGIES, INC.

**Current Principal Place of Business:**

940 SCOTT DR  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

940 SCOTT DR  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:** 27-0941593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAGAN, RONALD J  
940 SCOTT DR  
MARCO ISLAND, FL 34145 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:** PCEO  
**Name:** RAGAN, RONALD J  
**Address:** 940 SCOTT DR  
**City-St-Zip:** MARCO ISLAND, FL 34145

**Title:** D  
**Name:** RAGAN, PAULA  
**Address:** 940 SCOTT DR  
**City-St-Zip:** MARCO ISLAND, FL 34145

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:** RONALD J. RAGAN

CEO

01/08/2010

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

\_\_\_\_\_  
Date