

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000089255

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL 2. INC

**Current Principal Place of Business:**

7329 W. SANDLAKE RD  
ORLANDO, FL 32819

**New Principal Place of Business:**

7679 INTERNATIONAL DR.  
ORLANDO, FL 32819

**Current Mailing Address:**

7329 W. SANDLAKE RD  
ORLANDO, FL 32819

**New Mailing Address:**

P O BOX 692513  
ORLANDO, FL 32869 US

**FEI Number:** 27-1208832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALIK, SHAHID  
7329 W. SANDLAKE RD  
ORLANDO, FL 32819 US

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

MALIK, SHAHID  
7679 INTERNATIONAL DR.  
ORLANDO, FL 32819 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: SHAHID MALIK

03/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: MALIK, SHAHID  
Address: 7679 INTERNATIONAL DR.  
City-St-Zip: ORLANDO, FL 32819 US

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: SHAHID MALIK

DPST

03/14/2012

Electronic Signature of Signing Officer or Director

Date