

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000102458

FILED
Apr 25, 2011
Secretary of State

Entity Name: MEDICAL IT SOLUTIONS, INC.

Current Principal Place of Business:

2725 NORTH HWY A1A
605
INDIALANTIC, FL 32903

New Principal Place of Business:

255 EAST DRIVE
D
WEST MELBOURNE, FL 32904

Current Mailing Address:

2725 NORTH HWY A1A
SUITE 605
INDIALANTIC, FL 32903

New Mailing Address:

255 EAST DRIVE
D
WEST MELBOURNE, FL 32904

FEI Number: 27-1536037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, CHRISTOPHER
2725 NORTH HWY A1A
STE. 605
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

BURNS, CHRISTOPHER
255 EAST DRIVE
D
WEST MELBOURNE, FL 32904 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:

04/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BURNS, CHRISTOPHER
Address: 255 EAST DRIVE, #D
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VP
Name: BURNS, CHRISTOPHER
Address: 255 EAST DRIVE, #D
City-St-Zip: WEST MELBOURNE, FL 32904

Title: TREA
Name: BURNS, CHRISTOPHER
Address: 255 EAST DRIVE, #D
City-St-Zip: WEST MELBOURNE, FL 32904

Title: SECY
Name: BURNS, CHRISTOPHER
Address: 255 EAST DRIVE, #D
City-St-Zip: WEST MELBOURNE, FL 32904

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: CHRISTOPHER BURNS

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date