

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000086527

Entity Name: MEDICAID ASSIST, INC.

FILED
Feb 02, 2012
Secretary of State

Current Principal Place of Business:

6709 RIDGE ROAD, SUITE 108
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

6709 RIDGE ROAD, SUITE 108
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 45-3235671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGEL, JERROLD R
6709 RIDGE ROAD, SUITE 108
PORT RICHEY, FL 34668 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: PDS
Name: ANGEL, JERROLD R
Address: 6709 RIDGE ROAD, SUITE 108
City-St-Zip: PORT RICHEY, FL 34668

Title: VP/D
Name: ANGEL, DENISE
Address: 6709 RIDGE ROAD, SUITE 108
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: JONAS, BRUCE
Address: 17312 LINDA VISTA CIR
City-St-Zip: LUTZ, FL 33548

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: JERROLD ANGEL

PRES

02/02/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date