2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000073175

DURRETT, LEO

8600 15TH LANE NORTH

ST. PETERSBURG, FL 33702 US

Name:

Address:

City-St-Zip:

Entity Name: MEDIC. OS CORPORATION

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:		
	AVENUE NOF SBURG, FL 3		US	C/O ERNEST L. MASO 721 FIRST AVENUE N ST PETERSBURG, FI	NORTH	US	
Current Mailing Address:				New Mailing Address	New Mailing Address:		
PO BOX 26	ST L. MASCAI 66 SBURG, FL 3		US				
FEI Number:	59-3206725	FEI Nu	mber Applied For()	FEI Number Not Applicable ()	Certifi	cate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address o	Name and Address of New Registered Agent:		
721 FIRST ST PETER:	, ERNEST L AVENUE NOF SBURG, FL 3	3701	US	ourpose of changing its registere	d office or	registered agent or both	
in the State	of Florida.	subilitis	tills statement for the p	ourpose or changing its registere	a onice or	registered agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signa	ture of Registered Ag	ent		Date	
Election Carr	paign Financing	Trust F	und Contribution ().				
OFFICERS	AND DIREC	TORS:		ADDITIONS/CHANG	ES TO OF	FICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () DURRETT, STE 8600 15TH LAN ST PETERSBUR	E NORTH		Title: Name: Address: City-St-Zip:	() Change	e () Addition	
Title: Name: Address: City-St-Zip:	DVP () DURRETT, SCO 8600 15TH LAN ST PETERSBUR	E NORTH		Title: Name: Address: City-St-Zip:	() Change	e()Addition	
Title: Name: Address: City-St-Zip:	DTS () DURRETT, SHA 8600 15TH LAN ST PETERSBUI	E NORTH		Title: Name: Address: City-St-Zip:	() Change	e()Addition	
Title:	DVP ()	Delete		Title:	() Change	A () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LEO DURRETT VP 04/29/2009