

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073134

Entity Name: MEDICAL PLACEMENT, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

6516 HARBOUR RD
N LAUDERDALE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771416
CORAL SPRINGS, FL 330771416 US

New Mailing Address:

FEI Number: 65-0527185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTSLEBEN, TREVOR
6516 HARBOUR ROAD
N. LAUDERDALE, FL 33068 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: PS () Delete
Name: GOTTSLEBEN, LINDA
Address: 6516 HARBOUR RD
City-St-Zip: N LAUDERDALE, FL

Title: VT () Delete
Name: GOTTSLEBEN, TREVOR
Address: 6516 HARBOUR RD.
City-St-Zip: N LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: GOTTSLEBEN, LINDA
Address: 6516 HARBOUR RD
City-St-Zip: N LAUDERDALE, FL 33068

Title: VT (X) Change () Addition
Name: GOTTSLEBEN, TREVOR
Address: 6516 HARBOUR RD.
City-St-Zip: N LAUDERDALE, FL 33068

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.

SIGNATURE: TREVOR GOTTSLEBEN

RA

04/25/2009

Electronic Signature of Signing Officer or Director

Date