

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000073134

Entity Name: MEDICAL PLACEMENT, INC.

**FILED**  
**Apr 06, 2010**  
**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  
Name: GOTTSLEBEN, LINDA  
Address: 6516 HARBOUR RD  
City-St-Zip: N LAUDERDALE, FL 33068

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

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: TREVOR GOTTSLEBEN

VT

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date