2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000003969

Entity Name: MEDIQUEST RESEARCH GROUP INC

FILED Apr 23, 2008 Secretary of State

,					
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
13301 SOI OCALA, FI	UTH HWY 475 L 34480 U				
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
13301 SOUTH HWY 475				13301 SOUTH HWY 475	
STE. #103 OCALA, FI		S	OCALA, FL 34480	US	
FEI Number:	: 59-3285232	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2101 W C0 SUITE 480	O, ANTHONY OMMERCIAL I 00 ERDALE, FL 3	BLVD			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (FELDMAN, RC 13301 SOUTH OCALA, FL 34	HWY 475	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (RUTLEDGE, K 13301 SOUTH OCALA, FL 34	HWY 475	Title: Name: Address: City-St-Zip:	() Change () 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.

SIGNATURE: KIM RUTLEDGE VP 04/23/2008