

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026776

FILED
Mar 10, 2008
Secretary of State

Entity Name: MEDICAL PROFESSIONALS, INC.

Current Principal Place of Business:

5436 FRUITVILLE ROAD
#155
SARASOTA, FL 34232 US

New Principal Place of Business:

9040 TOWN CENTER PARKWAY
LAKEWOOD RANCH, FL 34202 US

Current Mailing Address:

5436 FRUITVILLE ROAD
#155
SARASOTA, FL 34232 US

New Mailing Address:

9040 TOWN CENTER PARKWAY
LAKEWOOD RANCH, FL 34202 US

FEI Number: 65-0571204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JERRAL C
5436 FRUITVILLE ROAD
#155
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

SMITH, JERRAL C
9040 TOWN CENTER PARKWAY
LAKEWOOD RANCH, FL 34202 US

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:

03/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, JERRAL C
Address: 5436 FRUITVILLE ROAD, #155
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, JERRAL C
Address: 9040 TOWN CENTER PARKWAY
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: JERRAL C. SMITH

D

03/10/2008

Electronic Signature of Signing Officer or Director

Date