2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P96000015349

Entity Name: MEDICAL SYSTEMS OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

2416 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

2416 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 59-3442849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, NANCY A
418 NORMANDY STREET
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

EDWARDS, NANCY A
2416 LAKELAND HILLS BLVD
LAKELAND, FL 33805 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: 04/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EDWARDS, NANCY A
Address: 2416 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NANCY EDWARDS PCEO 04/06/2009
Electronic Signature of Signing Officer or Director Date