

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000042210

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** MED-LYNK INTERNATIONAL OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

12948 SW 133 CT, SUITE A  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12948 SW 133 CT, SUITE A  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-0763889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOM, JOHN  
14843 S.W. 171 TERRACE  
MIAMI, FL 33187 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THOM, JOHN  
Address: 14843 S.W. 171 TERRACE  
City-St-Zip: MIAMI, FL 33187

Title: D  
Name: THOM, GERTRUDE L  
Address: 14843 S.W. 171 TERRACE  
City-St-Zip: MIAMI, FL 33187

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: JOHN THOM

D

04/19/2012

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

\_\_\_\_\_  
Date