

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094357

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** MEDICAL PARK VENTURES, INC.

**Current Principal Place of Business:**

132 WHITAKER RD  
STE #A  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

PMB #261  
734 EAST LAKE RD  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

**FEI Number:** 52-2128760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHN, VANESSA N ESQUIRE  
302 KNIGHTS RUN AVE. STE 1100  
TAMPA, FL 336025962 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: PS  
Name: REIBER, TYLER D  
Address: PO BOX 272046  
City-St-Zip: TAMPA, FL 33688

Title: V  
Name: ABDONEY, MICHAEL O  
Address: 1913 S OAKMONT ST  
City-St-Zip: TAMPA, FL 33629

Title: T  
Name: VAN BEBBER, GREG  
Address: 132 WHITAKER RD- STE A  
City-St-Zip: LUTZ, FL 33549

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: TYLER REIBER

PS

04/25/2011

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

\_\_\_\_\_  
Date