

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101718

Entity Name: MEDI-FLO CARE, INC.

FILED  
Apr 03, 2008  
Secretary of State

## Current Principal Place of Business:

3335 NORTH UNIVERSITY DR.  
SUITE 3  
DAVIE, FL 33024 US

## Current Mailing Address:

3335 NORTH UNIVERSITY DR.  
SUITE 3  
DAVIE, FL 33024 US

FEI Number: 65-0888622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, FLO  
611 NW 193RD AVE.  
PEMBROKE PINES, FL 33029 US

## New Principal Place of Business:

3335 NORTH UNIVERSITY DR.  
SUITE 3  
HOLLYWOOD, FL 33024 US

## New Mailing Address:

3335 NORTH UNIVERSITY DR.  
SUITE 3  
HOLLYWOOD, FL 33024 US

## Name and Address of New Registered Agent:

WILLIAMS, FLO  
3335 N. UNIVERSITY DRIVE  
SUITE 3  
HOLLYWOOD, FL 33024 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:

04/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, FLO  
Address: 611 NW 193 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VMS ( ) Delete  
Name: WILLIAMS, JODY  
Address: 3335 N UNIVERSITY DR STE 2  
City-St-Zip: DAVIE, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, FLO  
Address: 3335 N. UNIVERSITY DRIVE  
City-St-Zip: HOLLYWOOD, FL 33024

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: FLO WILLIAMS

P

04/03/2008

Electronic Signature of Signing Officer or Director

Date