

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106145

Entity Name: MEDICAL ROUNDS, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

9525 BLIND PASS RD
#1001
ST. PETE BEACH, FL 33706 US

Current Mailing Address:

9525 BLIND PASS RD
#1001
ST. PETE BEACH, FL 33706 US

New Principal Place of Business:

9525 BLIND PASS RD
#805
ST. PETE BEACH, FL 33706 US

New Mailing Address:

FEI Number: 59-3553279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBSTER, WILLIAM B JR.
9525 BLIND PASS RD
#1001
ST. PETE BEACH, FL 33706 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEORGIEESKA, KSEMIDA
Address: 9525 BLIND PASS RD, #1001
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D () Delete
Name: WEBSTER, TATJANA B
Address: 9525 BLIND PASS RD, #1001
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D () Delete
Name: WEBSTER, WILLIAM B JR.
Address: 9525 BLIND PASS RD, #1001
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TATJANA B. WEBSTER

MGRM

03/20/2009

Electronic Signature of Signing Officer or Director

Date