

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106145

Entity Name: MEDICAL ROUNDS, INC.

FILED  
Jan 07, 2011  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

9525 BLIND PASS RD  
#1001  
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

## OFFICERS AND DIRECTORS:

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

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

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

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: WILLIAM B WEBSTER

D

01/07/2011

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

\_\_\_\_\_  
Date