

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01773

FILED  
Feb 11, 2010  
Secretary of State

Entity Name: MARSHALL MEDICAL FORMS, INC.

## Current Principal Place of Business:

707 NICOLET AVE  
STE 102  
WINTER PARK, FL 32789 US

## Current Mailing Address:

P. O. BOX 940217  
MAITLAND, FL 32794 US

## New Principal Place of Business:

707 NICOLET AVENUE  
SUITE 102  
WINTER PARK, FL 32789 US

## New Mailing Address:

POST OFFICE BOX 940217  
MAITLAND, FL 32794 US

FEI Number: 59-3105818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HATCHER, STEPHEN B.  
315 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

HATCHER, STEPHEN B ESQ.  
C/O ZIMMERMAN, KISER & SUTCLIFFE, P.A.  
315 E. ROBINSON STREET, SUITE 600  
ORLANDO, FL 32801 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: /STEPHEN B. HATCHER/

02/11/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD  
Name: ALEXANDER, BEVERLY A  
Address: 1190 ROLLINGWOOD TRAIL  
City-St-Zip: MAITLAND, FL 32751

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: /BEVERLY ANGLE ALEXANDER/

P

02/11/2010

Electronic Signature of Signing Officer or Director

Date