

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01773

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** MARSHALL MEDICAL FORMS, INC.

**Current Principal Place of Business:**

707 NICOLET AVENUE  
SUITE 102  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

707 NICOLET AVENUE  
SUITE 102  
WINTER PARK, FL 32789 US

**New Mailing Address:**

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

PRES

01/09/2012

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

\_\_\_\_\_  
Date