2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23392

FILED Apr 06, 2009 Secretary of State

Entity Name: FLORIDA REFERRAL NETWORK SYSTEM, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
96 W 5TI 1T. DORA	H A, FL 32757 US			
urrent N	lailing Address:		New Mailing Addres	s:
P.O. BOX 1T. DORA	7 A, FL 32757 US			
El Number	: 59-3114214 FEI Nu	mber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
OMLINS	ONER		TOMLINSON, E B	
602 LAKI	E JAMES CR TER, FL 32141 US		37119 HORSHOE DR UMATILLA, FL 32784	· · · -
602 LAKI DGEWA he above	E JÄMES CR TER, FL 32141 US	this statement for the	37119 HORSHOE DR UMATILLA, FL 32784	· · · -
602 LAKI DGEWA he above	E JÅMES CR TER, FL 32141 US e named entity submits e of Florida. RE:		37119 HORSHOE DR UMATILLA, FL 32784 purpose of changing its registere	US od office or registered agent, or both 04/06/2009
602 LAKI DGEWA The above the Stat SIGNATU	E JÅMES CR TER, FL 32141 US e named entity submits e of Florida. RE: Electronic Signa mpaign Financing Trust F	ature of Registered Ag	37119 HORSHOE DR UMATILLA, FL 32784 purpose of changing its registere ent	US od office or registered agent, or both 04/06/2009 Date
602 LAKI DGEWA The above the Stat SIGNATU	E JÅMES CR TER, FL 32141 US e named entity submits e of Florida. RE: Electronic Signa	ature of Registered Ag	37119 HORSHOE DR UMATILLA, FL 32784 purpose of changing its registere ent	US od office or registered agent, or both 04/06/2009

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: LLOYD ATKINS JR. D 04/06/2009