

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48917

Entity Name: MEDFIND, INC.

FILED  
Apr 26, 2011  
Secretary of State

**Current Principal Place of Business:**

5332 SW ORCHID BAY DRIVE  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

5332 SW ORCHID BAY DRIVE  
PALM CITY, FL 34990 US

**New Mailing Address:**

FEI Number: 65-0348211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DODT, SHELLEY  
5332 SW ORCHID BAY DRIVE  
PALM CITY, FL 34970 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: P  
Name: DODT, SHELLEY  
Address: 5332 SW ORCHID BAY DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: V  
Name: DODT, HAROLD  
Address: 5332 SW ORCHID BAY DRIVE  
City-St-Zip: PALM CITY, FL 34990

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: HAROLD DODT

VP

04/26/2011

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

\_\_\_\_\_ Date