

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90003 015 ***550.00

DOCUMENT # P97000011231

1. Entity Name
AMERICAN BAROMEDICAL CORPORATION



Principal Place of Business Mailing Address
 1140 CHERYL RD 1140 CHERYL RD
 WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417



2. Principal Place of Business 3. Mailing Address
13613 62 Ct. N. →
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07052005 Chg-P CR2E034 (10/03)

City & State City & State
West Palm Bch, Fl →

4. FEI Number Applied For
65-0813747 Not Applicable

Zip Country Zip Country
33412 **Palm Beach** → →

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOCKLEAR, KENNETH R
1140 CHERYL RD
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent
 Name **Locklear, Kenneth R.**
 Street Address (P.O. Box Number is Not Acceptable)
13613 62 Ct. N.
 City **West Palm Beach** **FL** Zip Code **33412**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOCKLEAR, HEATHER 1140 CHERYL RD WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as Block 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition 13613 62 Ct. N. West Palm Bch, Fl 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LOCKLEAR, KENNETH R 1140 CHERYL RD WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as Block 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition 13613 62 Ct. N. West Palm Beach, Fl 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth R. Locklear* 7/5/05 333-2392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #