# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2005**
**Secretary of State**

DOCUMENT# P04000037817

**Entity Name:** SOURCE 1 MEDICAL, INC.

**Current Principal Place of Business:**

1410 N.E. 8TH AVE.
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1410 N.E. 8TH AVE.
OCALA, FL 34470

**New Mailing Address:**

**FEI Number: 20-0809389** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DEMENZES, CHARLIE
12601 S.E. SUNSET HARBOR RD.
WEIRSDALE, FL 32195 US

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

DEMENZES, CHARLES
12601 S.E. SUNSET HARBOR RD.
WEIRSDALE, FL 32195 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: CHARLES DEMENZES 03/23/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CROWLEY, JULIE
Address: 4025 ROXBURGH DR.
City-St-Zip: ROSWELL, GA 30076

Title: V ( ) Delete
Name: ROADERICK, JEFF
Address: 400 S.E. 90TH ST.
City-St-Zip: OCALA, FL 34480

Title: ST ( ) Delete
Name: DEMENZES, CHARLIE
Address: 12601 S.E. SUNSET HARBOR RD.
City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Delete
Name: ROADERICK, JASON
Address: P.O. BOX 4230
City-St-Zip: OCALA, FL 34478

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES DEMENZES ST 03/23/2005
Electronic Signature of Signing Officer or Director Date