

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037817

Entity Name: SOURCE 1 MEDICAL, INC.

Current Principal Place of Business:

1552 SW 7TH RD
OCALA, FL 34471

Current Mailing Address:

PO BOX 4230
OCALA, FL 34478

FEI Number: 20-0809389

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMENZES, CHARLES
1552 SW 7TH RD
OCALA, FL 34471 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	V
Name	CROWLEY, DAWSON	Name	ROADERICK, JEFF
Address	4025 ROXBURGH DR.	Address	4104 NIBLICK RD
City-State-Zip:	ROSWELL GA 30076	City-State-Zip:	LONGMONT CO 80503
Title	ST		
Name	DEMENZES, CHARLES		
Address	12601 S.E. SUNSET HARBOR RD.		
City-State-Zip:	WEIRSDALE FL 32195		

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: CHARLES DEMENZES

ST

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date