2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 400428

Entity Name: FLORIDA MEDICAL INDUSTRIES, INC.

Current Principal Place of Business:

3131 US HWY 441-27
FRUITLAND PARK, FL 34731 US

New Principal Place of Business:

Current Mailing Address:

HWY. 441-27 NORTH
P O BOX 493000
LEESBURG, FL 34749 US

New Mailing Address:

167 VINTAGEISLE LN
PALM BEACH GARDENS, FL 33418 US

FEI Number: 59-1396889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGELILLO, STEPHEN P
331 US HWY 441-27
FRUITLAND PARK, FL 34731 US

Name and Address of New Registered Agent:

ANGELILLO, STEPHEN P
167 VINTAGEISLE LN
PALM BEACH GARDENS, FL 33418 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: STEPHEN ANGELILLO 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: ANGELILLO, STEPHEN
Address: 3131 US HWY 441-27
City-St-Zip: FRUITLAND PARK, FL

Title: DCEO ( ) Delete
Name: ANGELILLO, STEPHEN
Address: 3131 US HWY 441-27
City-St-Zip: FRUITLAND PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: ANGELILLO, STEPHEN
Address: 167 VINTAGEISLE LN
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DCEO (X) Change ( ) Addition
Name: ANGELILLO, STEPHEN
Address: 167 VINTAGEISLE LN
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: STEPHEN ANGELILLO PST 04/15/2009
Electronic Signature of Signing Officer or Director Date