

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90008 049 ***150.00

DOCUMENT # **499616**

1. Entity Name

NATIONAL MEDICAL, INCORPORATED



DO NOT WRITE IN THIS SPACE

94024052

2. Principal Place of Business

952 CESERY BLVD.

3. Mailing Address

952 CESERY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

4. FEI Number

39-1703050

Applied For

Not Applicable

Zip

Country

Zip

Country

32211

32211

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Judy K. Odham

Street Address (P.O. Box Number is Not Acceptable)

3625 HOOVER LN.

City

JACKSONVILLE

FL

Zip Code

32277

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ODHAM, HAROLD J.**
STREET ADDRESS **3625 HOOVER LN.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **ODHAM, JUDY K.**
STREET ADDRESS **3625 HOOVER LN.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD**
NAME **HARDEE, KENNETH R.**
STREET ADDRESS **5303 JOHN REYNOLDS DR.**
CITY-ST-ZIP **JACKSONVILLE, FL.**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy K. Odham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy K. Odham

3/1/04
Date

904-745-9222
Daytime Phone #

CR2E034B (12/02)