

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90023 045 ***150.00

DOCUMENT # 499616

1. Entity Name

NATIONAL MEDICAL, INCORPORATED



Principal Place of Business

952 CESERY BLVD
JACKSONVILLE FL 32211
US

Mailing Address

952 CESERY BLVD
JACKSONVILLE FL 32211
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1702050**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ODHAM, JUDY K.
~~3625 HOOVER LANE~~
JACKSONVILLE FL 32277

**414 OVERBROOK DR.
32225**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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 LANE~~
CITY- ST- ZIP JACKSONVILLE FL 32277

☐ Delete

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

☐ Delete

TITLE SD
NAME HARDEE, KENNETH R
STREET ADDRESS 5303 JOHN REYNOLDS DR.
CITY- ST- ZIP JACKSONVILLE FL 32277

☐ Delete

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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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

Judy K. Odham

4/22/07 745-9222

Date

Daytime Phone #