

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 499616

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: NATIONAL MEDICAL, INCORPORATED

## Current Principal Place of Business:

952 CESERY BLVD  
JACKSONVILLE, FL 32211 US

## New Principal Place of Business:

960 ROGERO RD.  
#10  
JACKSONVILLE, FL 32211 US

## Current Mailing Address:

952 CESERY BLVD  
JACKSONVILLE, FL 32211 US

## New Mailing Address:

960 ROGERO RD.  
#10  
JACKSONVILLE, FL 32211 US

FEI Number: 59-1702050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ODHAM, JUDY K.  
414 OVERBROOK DR  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ODHAM, HAROLD J.,  
Address: 414 OVERBROOK DR.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: ODHAM, JUDY K  
Address: 414 OVERBROOK DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: HARDEE, KENNETH R  
Address: 5303 JOHN REYNOLDS DR.  
City-St-Zip: JACKSONVILLE, FL 32277

## 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:

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: JUDY K. ODHAM

VP

01/05/2009

Electronic Signature of Signing Officer or Director

Date