# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2008**
**Secretary of State**

DOCUMENT# F07000001826

**Entity Name:** SUPPORT PLUS MEDICAL, INC.

**Current Principal Place of Business:**

828 MASSACHUSETTS AVE
ARLINGTON, MA 02476

**New Principal Place of Business:**

15951 SW 41ST STREET
SUITE 100
DAVIE, FL 33331

**Current Mailing Address:**

828 MASSACHUSETTS AVE
ARLINGTON, MA 02476

**New Mailing Address:**

15951 SW 41ST STREET
SUITE 100
DAVIE, FL 33331

**FEI Number: 02-0598312** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

FRIEDFELD, RICK
15951 SW 41ST STREET
SUITE 100
DAVIE, FL 33331 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: RICK FRIEDFELD 04/16/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete
Name: ROSEN, RICHARD H
Address: 828 MASSACHUSETTS AVE
City-St-Zip: ARLINGTON, MA 02476

Title: VTS ( ) Delete
Name: BENNETT, REBECCA L
Address: 828 MASSACHUSETTS AVE
City-St-Zip: ARLINGTON, MA 02476

Title: D (X) Delete
Name: ROSEN, RICHARD H
Address: 828 MASSACHUSETTS AVE
City-St-Zip: ARLINGTON, MA 02476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: TROWBRIDGE, WARREN K
Address: 15951 SW 41ST STREET, SUITE 100
City-St-Zip: DAVIE, FL 33331

Title: CHAI (X) Change ( ) Addition
Name: ROSEN, RICHARD H
Address: 828 MASSACHUSETTS AVE
City-St-Zip: ARLINGTON, MA 02476

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: RICK FRIEDFELD RA 04/16/2008
Electronic Signature of Signing Officer or Director Date