2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F55873

Entity Name: A B MEDICAL, INC.

Current Principal Place of Business:

612 7TH STREET W
PALMETTO, FL 34221 US

New Principal Place of Business:

903 21ST AVE W
PALMETTO, FL 34221 US

Current Mailing Address:

612 7TH STREET W
PALMETTO, FL 34221 US

New Mailing Address:

P O BOX 68
PALMETTO, FL 34220 US

FEI Number: 59-2782797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUBREY, RAYMOND H.
612 7TH STREET W
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

AUBREY, RAYMOND H.
903 21ST AVE W
PALMETTO, FL 34221 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: _____ 03/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: AUBREY RAYMOND H,
Address: 612 7TH STREET W
City-St-Zip: PALMETTO, FL 34221 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: AUBREY RAYMOND H,
Address: 903 21ST AVE W
City-St-Zip: PALMETTO, FL 34221 US

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: R H AUBREY PST 03/25/2009
Electronic Signature of Signing Officer or Director — Date