

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90146 013 ***150.00

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1. Entity Name
KING'S MEDICAL COMPANY



Principal Place of Business
**1894 GEORGETOWN RD
HUDSON, OH 44236**

Mailing Address
**1894 GEORGETOWN RD
HUDSON, OH 44236**

40043500



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1338678

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CFO PRES. & COO
NAME	BEATTIE, WILLIAM E
STREET ADDRESS	1894 GEORGETOWN RD
CITY-ST-ZIP	HUDSON, OH 44236
TITLE	CFO
NAME	LUBASKI, CLARK
STREET ADDRESS	1894 GEORGETOWN RD
CITY-ST-ZIP	HUDSON, OH 44236
TITLE	S
NAME	DAVIS, GAIL S
STREET ADDRESS	1894 GEORGETOWN RD
CITY-ST-ZIP	HUDSON, OH 44236
TITLE	D
NAME	VANKIRK, ALBERT
STREET ADDRESS	1894 GEORGETOWN RD
CITY-ST-ZIP	HUDSON, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARK LUBASKI CFO

Date

Daytime Phone #

3306533968