

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000056

FILED
Mar 30, 2007
Secretary of State

Entity Name: KING'S MEDICAL COMPANY

Current Principal Place of Business:

1894 GEORGETOWN RD
HUDSON, OH 44236

New Principal Place of Business:

Current Mailing Address:

1894 GEORGETOWN RD
HUDSON, OH 44236

New Mailing Address:

FEI Number: 34-1338678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PCOO () Delete
Name: BEATTIE, WILLIAM E
Address: 1894 GEORGETOWN RD
City-St-Zip: HUDSON, OH 44236

Title: CFO () Delete
Name: LUBASKI, CLARK
Address: 1894 GEORGETOWN RD
City-St-Zip: HUDSON, OH 44236

Title: S () Delete
Name: DAVIS, GAIL S
Address: 1894 GEORGETOWN RD
City-St-Zip: HUDSON, OH 44236

Title: D () Delete
Name: VANKIRK, ALBERT
Address: 1894 GEORGETOWN RD
City-St-Zip: HUDSON, OH

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:

Title: D (X) Change () Addition
Name: VANKIRK, ALBERT
Address: 1894 GEORGETOWN RD
City-St-Zip: HUDSON, OH 44236

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA HAGLER - KING'S MEDICAL GROUP

D-FA

03/30/2007

Electronic Signature of Signing Officer or Director

Date