

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000000056

1. Entity Name
KING'S MEDICAL COMPANY



FILED

08 SEP 29 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1894 GEORGETOWN RD
HUDSON, OH 44236

Mailing Address
1894 GEORGETOWN RD
HUDSON, OH 44236



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09192008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

34-1338678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCOO
BEATTIE, WILLIAM E
1894 GEORGETOWN RD
HUDSON, OH 44236

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CFO
LUBASKI, CLARK
1894 GEORGETOWN RD
HUDSON, OH 44236

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
DAVIS, GAIL S
1894 GEORGETOWN RD
HUDSON, OH 44236

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VANKIRK, ALBERT
1894 GEORGETOWN RD
HUDSON, OH 44236

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CFO
Davis, Robert
1894 Georgetown Rd. Hudson, OH 44236

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100136519391
10/01/08--01024--008 **\$550.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

Date

Daytime Phone #

9/24/08

9/28/08