


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90235 003 ***150.00

| | | | |
|---------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # F98000005831 | |  | |
| 1. Entity Name CINTAS FIRST AID & SAFETY INC. | | | |
| Principal Place of Business 6800 CUNTAS BLVD. CINCINNATI OH 45262 | | Mailing Address 6800 CUNTAS BLVD. CINCINNATI OH 45262 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

20043000



1st MOORE CR2E034 (10/04)

| | | | |
|-----------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number 33-0196033 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------|-----------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | Zip Code FL |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------|---------------------------------|--|-------------------------------------------------------|--|-------------------------------------------------------------------|--|
| TITLE | CEO | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FARMER, SCOTT D | | | NAME | | | |
| STREET ADDRESS | 6800 CINTAS BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CINCINNATI OH | | | CITY-ST-ZIP | | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FARMER, SCOTT D | | | NAME | | | |
| STREET ADDRESS | 6800 CINTAS BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CINCINNATI OH | | | CITY-ST-ZIP | | | |
| TITLE | VT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CARNAHAN, KAREN L | | | NAME | | | |
| STREET ADDRESS | 6800 CINTAS BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CINCINNATI OH | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GALE, WILLIAM C | | | NAME | | | |
| STREET ADDRESS | 6800 CINTAS BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CINCINNATI OH | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | POLLAK, DAVID | | | NAME | | | |
| STREET ADDRESS | 6800 CINTAS BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CINCINNATI OH | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William C. Gale* **WILLIAM C. GALE** **4/14/05** **(513) 459-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20043898

F98000005831

**Affirmed Medical, Inc.
Officer/Director Information**

OFFICERS

Scott D. Farmer, CEO
David Pollak, President & COO
William C. Gale, Sr Vice President
Karen Carnahan, Vice President & Treasurer
Thomas E. Frooman, Vice President & Secretary
Janet K. Wendel, Asst. Secretary
Robert E. Coletti, Asst. Secretary

513-459-1200
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513-459-1200
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513-459-1200

DIRECTORS

Robert J. Kohlhepp,
Scott D. Farmer,
Thomas E. Frooman,

6800 Cintas Blvd, Cincinnati, Ohio 45262
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