

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28377

FILED
Apr 02, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA MEDICAL, INC.

Current Principal Place of Business:

1363 WAYNE AVE
NEW SMYRNA BEACH, FL 32165 US

New Principal Place of Business:

1363 WAYNE AVE
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

1363 WAYNE AVE
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-2292127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIGHTMAN, EVERETT HARRY
1363 WAYNE AVE.
NEW SMYRNA BEACH, FL 32168 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: DP () Delete
Name: WEIGHTMAN, EVERETT H, ARRY
Address: 1363 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST () Delete
Name: WEIGHTMAN, CAROL ANN,
Address: 1363 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL ANN WEIGHTMAN

ST

04/02/2005

Electronic Signature of Signing Officer or Director

Date