## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K88284

FILED Apr 29, 2009 Secretary of State

Entity Name: AAA MEDICAL FABRICATORS CORP

Current F	Principal Plac	e of Business:	New Principal Place	of Business:	
141 SCAF	RLET BLVD				
C OLDSMAF	R, FL 34677				
Current Mailing Address:		New Mailing Addres	New Mailing Address:		
P.O. BOX OLDSMAF	308 R, FL 34677				
FEI Number	: 59-2949927	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
141 SCAF	R, DEBORAH	NITC			
141 SCAF OLDSMAF The above	RLÉT BLVD U R, FL 34677 e named entity e of Florida.	NIT C US	e purpose of changing its registere	d office or registered agent, or both,	
141 SCAF OLDSMAR The above in the Stat	RLÉT BLVD U R, FL 34677 e named entity e of Florida. RE:	NIT C US		d office or registered agent, or both,  Date	
141 SCAF OLDSMAR The above in the Stat SIGNATU	RLÉT BLVD U R, FL 34677 e named entity e of Florida. RE: Electro	NIT C US submits this statement for the			
141 SCAF OLDSMAR The above in the Stat SIGNATU Election Ca	RLÉT BLVD U R, FL 34677 e named entity e of Florida. RE: Electro	NIT C US  submits this statement for the onic Signature of Registered A ng Trust Fund Contribution ( ).	Agent		
141 SCAF OLDSMAR The above in the Stat SIGNATU Election Ca	RLÉT BLVD U R, FL 34677  e named entity e of Florida.  RE: Electro  mpaign Financi  S AND DIRECT  T ( PFLUEGER, I	NIT C US  visubmits this statement for the conic Signature of Registered A ung Trust Fund Contribution ( ).  CTORS:  ) Delete DEBORAH I BLVD., SUITE C	Agent	Date	

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH PFLUEGER P 04/29/2009