


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90028 027 ***150.00

| | | | |
|--|-----------------------------------|---|---|
| DOCUMENT # L13494 | |  | |
| 1. Entity Name PM MEDICAL, INC. | | | |
| Principal Place of Business 2960 SW 2ND AVEE FORT LAUDERDALE, FL 33315 US | | Mailing Address PO BOX 21456 FT LAUDERDALE, FL 33335 US | |
| 2. Principal Place of Business - No P.O. Box # <i>2960 SW 2nd Ave.</i> | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MULLANE, THOMAS S. 1201 RIVER REACH DR. #512 FT. LAUDERDALE, FL 33315 | | 7. Name and Address of New Registered Agent | |
| | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MULLANE, THOMAS S. | NAME | |
| STREET ADDRESS | P O BOX 21456 | STREET ADDRESS | |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33335 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MULLANE, MARY R. | NAME | |
| STREET ADDRESS | PO BOX 21456 | STREET ADDRESS | |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33335 | 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 | |
| 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 | |
| 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 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: <i>Thomas Mullane</i> | | PRESIDENT | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: <i>1-21-08</i> 954-7646600 | |
| | | Daytime Phone # | |