

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67862

Entity Name: T.G. MEDICAL, INC.

FILED
Mar 17, 2008
Secretary of State

Current Principal Place of Business:

3501-B N.PONCE DE LEON BLVD
#364
ST AUGUSTINE, FL 32084

Current Mailing Address:

3501-B N. PONCE DE LEON BLVD
#364
ST AUGUSTINE, FL 32084

New Principal Place of Business:

3501-B N. PONCE DE LEON BLVD
#364
ST AUGUSTINE, FL 32084

New Mailing Address:

13106 ALHAMBRA LAKE CIRCLE
DELRAY BEACH, FL 33446

FEI Number: 65-0193463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREADWELL, MICHAEL S
3501-B N. PONCE DE LEON BLVD
#364
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

BERGER, ROBERT I
13106 ALHAMBRA LAKE CIRCLE
DELRAY BEACH, FL 33446 US

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: ROBERT I BERGER

03/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, MICHAEL S.
Address: 3501-B N. PONCE DE LEON BLVD
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL MILLER

P

03/17/2008

Electronic Signature of Signing Officer or Director

Date