

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90039 009 ***158.75

DOCUMENT # P00000036659

1. Entity Name
FRANCK'S MEDICAL, INC.



Principal Place of Business
**202 SOUTHWEST 17TH STREET
OCALA, FL 34474**

Mailing Address
**107 NE 1ST AVENUE
OCALA, FL 34470-6661**

40012342



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3704944

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCK, PAUL W
202 SOUTHWEST 17TH STREET
OCALA, FL 34474**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FRANCK, PAUL W**
STREET ADDRESS **202 SOUTHWEST 17TH STREET**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LUZADER, THERESA A**
STREET ADDRESS **1356 SE 18TH ST**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BLOOM, JANINE D**
STREET ADDRESS **6243 SE 89TH ST.**
CITY-ST-ZIP **OCALA, FL 34472**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHAFFIN, WENDY M**
STREET ADDRESS **2025 SE 32ND LANE**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **HARGROVE, WILLIAM T.**
STREET ADDRESS **604 SE 52ND AVE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **BUCKMAN, RONDE**
STREET ADDRESS **1911 SW 76TH LANE**
CITY-ST-ZIP **OCALA FL 34476**

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: Paul W Franck **PAUL FRANCK** 1/24/05 (352) 622-4148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #