## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## **Secretary of State** 02-01-2008 90019 028 \*\*\*150.00 DOCUMENT # P00000055111 INVMED RESEARCH CORPORATION 4001200. Principal Place of Business Mailing Address 2381 FRUITVILLE ROAD 2381 FRUITVILLE ROAD SARASOTA, FL 34237 SARASOTA, FL 34237 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01042008 Cha-P City & State City & State 4. FEI Number Applied For 65-1010991 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENDER, MICHAEL R JR. 2381 FRUITVILLE ROAD Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34237 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. THLE ☐ Delete TITLE ☐ Change ☐ Addition PENDER, MICHAEL R JR. STREET ADDRESS 2381 FRUITVILLE ROAD STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STEWART, HOWARD DR NAME NAME STREET ADDRESS 24 MYRTLE STREET STREET ADDRESS CITY-ST-ZIP MANCHESTER, ME 04351 CITY-SI-ZIP TITLE ☐ Delete TITLE Change Addition ACEBAL, JOE DR NAME NAME STREET ADDRESS PO BOX 784 STREET ADDRESS ANNA MARIA ISLAND, FL 34216 CITY-ST-ZIP CITY-S1-ZIP TITLE Delete ☐ Change ☐ Addition CROSS, JASON DR NAME NAME STREET ADDRESS 2831 RINGLING BLVD SUITE A101 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 truster empowered to secure 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 attachn

SIGNATURE:

FILED Feb 01, 2008 8:00 am