

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057720

FILED
Apr 26, 2006
Secretary of State

Entity Name: FRONTLINE MEDICAL CORP.

Current Principal Place of Business:

3016 US HWY 301 NORTH
STE 600
TAMPA, FL 33619 US

New Principal Place of Business:

4524 N. 56TH STREET
TAMPA, FL 33610 US

Current Mailing Address:

3016 US HWY 301 NORTH
STE 600
TAMPA, FL 33619 US

New Mailing Address:

4524 N. 56TH STREET
TAMPA, FL 33610 US

FEI Number: 59-3671264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIVEY, DANIEL P
2101 OAK HILL DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SPIVEY, DANIEL P
Address: 2101 OAK HILL DRIVE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: SPIVEY, KELLY M
Address: 2101 OAK HILL DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY M. SPIVEY

SEC

04/26/2006

Electronic Signature of Signing Officer or Director

Date