

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90003 004 ***150.00

DOCUMENT # P01000110943

1. Entity Name
CMO MEDICAL, INC.



Principal Place of Business
6065 IBIS STREET
SARASOTA, FL 34241

Mailing Address
6065 IBIS STREET
SARASOTA, FL 34241

50054097



06222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0024838

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ODIERNA, CHRISTOPHER M
6065 IBIS ST
SARASOTA, FL 34241

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	ODIERNA, CHRISTOPHER M
STREET ADDRESS	6065 IBIS STREET
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	ODIERNA, CHRISTOPHER M
STREET ADDRESS	6065 IBIS STREET
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Chris M. Odierna **CHRIS M. ODIERNA** 6-22-05 941-915-2697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 22, 2005

ATTACHMENT

P01000110943

50054097

Div. of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Gentlemen:

I am very upset! I requested our accountant to file these annual reports as I know nothing about them. I sent these cards along with our books and didn't get them back until yesterday. The reports had not been filed!

The first thing I did was to pull them up on the computer only to find that the fees were now \$550.00 each. I am enclosing the original fee of \$150.00 for each company in the hopes that you will waive the late fees since I had no idea until yesterday that these reports had not been filed.

When you pay someone to do something you expect that it will be done. I'm very sorry to see that it wasn't.

Would you be so kind as to let me know if these checks are acceptable? I will hold up paying the accountant until I hear from you and if worse comes to worse, I will deduct these fees from the money we owe him.

Sincerely,

Marietta L. Odierna

Marietta L. Odierna
Bookkeeper for both
ADVANCED AESTHETIC RESOURCES
And
CMO MEDICAL