

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024137

Entity Name: R & D MEDICAL INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

1918 ASPEN RIDGE COURT  
OCOEE, FL 34761

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 483  
PIKEVILLE, TN 37367

## New Mailing Address:

FEI Number: 75-3031132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVELLE, H.S.  
1177 LOUISIANA AVE STE 109  
STE 109  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

NOBLE & NOBLE, CPA  
1600 TOWN PLAZA COURT  
STE 1618  
WINTER SPRINGS, FL 32708 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: H.S. LEVELLE

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: LEVELLE, H.S.  
Address: 27 CHERITH CIRCLE  
City-St-Zip: PIKEVILLE, TN 37367

Title: DS ( ) Delete  
Name: NOBLE, EMERSON  
Address: 1177 LOUISIANA AVE STE 109  
City-St-Zip: WINTER PARK, FL 32789

Title: DVP ( ) Delete  
Name: LEVELLE, KATHY  
Address: 27 CHERITH CIRCLE  
City-St-Zip: PIKEVILLE, TN 37367

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition  
Name: NOBLE, EMERSON  
Address: 1600 TOWN PLAZA COURT STE 1618  
City-St-Zip: WINTER SPRINGS, FL 32708

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: H.S. LEVELLE

DPT

03/23/2009

Electronic Signature of Signing Officer or Director

Date