

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081610

FILED  
Feb 08, 2004  
Secretary of State

Entity Name: LOGGERHEAD MEDICAL CORP.

## Current Principal Place of Business:

4663 N US HWY 1  
MELBOURNE, FL 32935

## New Principal Place of Business:

## Current Mailing Address:

4663 N US HWY 1  
MELBOURNE, FL 32935

## New Mailing Address:

FEI Number: 16-1619180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAYTON, NANCY  
4663 N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935

## 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: P ( ) Delete  
Name: CLAYTON, NANCY  
Address: 4663 N US 1  
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete  
Name: LAYTON, ANNE  
Address: 4663 N US HWY 1  
City-St-Zip: MELBOURNE, FL 32935

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LAYTON, NANCY  
Address: 4663 N US 1  
City-St-Zip: MELBOURNE, FL 32935

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 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 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: NANCY LAYTON

P

02/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date