

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108407

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** HUNGERFORD MEDICAL, INC.

**Current Principal Place of Business:**

2609 SW 33RD STREET  
UNIT 103, SUITE 1  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

2901 SW 41 STREET  
#2106  
OCALA, FL 34474 US

**New Mailing Address:**

4415 SW 52ND CIRCLE  
UNIT 102  
OCALA, FL 34474 US

**FEI Number:** 52-2385799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUNGERFORD, IQLIA  
2901 SW 41 STREET  
#2106  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

HUNGERFORD, IQLIA  
4415 SW 52ND CIRCLE  
UNIT 102  
OCALA, FL 34474 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/08/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PDTS  
Name: HUNGERFORD, IQLIA  
Address: 4415 SW 52ND CIRCLE, UNIT 102  
City-St-Zip: Ocala, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: IQLIA HUNGERFORD

Electronic Signature of Signing Officer or Director

PDTS

03/08/2012

Date