

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000028082

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** GORMAN MEDICAL SALES OF FLORIDA, INC.

**Current Principal Place of Business:**

14495 TRANQUILITY CREEK DR  
JACKSONVILLE, FL 32226 US

**New Principal Place of Business:**

**Current Mailing Address:**

14495 TRANQUILITY CREEK DR  
JACKSONVILLE, FL 32226 US

**New Mailing Address:**

**FEI Number:** 76-0812936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORMAN, MICHAEL G  
14495 TRANQUILITY CREEK DR  
JACKSONVILLE, FL 32226 US

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

GORMAN, CAROL A  
14495 TRANQUILITY CREEK DR  
JACKSONVILLE, FL 32226 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:** CAROL A GORMAN

03/02/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** GORMAN, CAROL PRES  
**Address:** 14495 TRANQUILITY CREEK  
**City-St-Zip:** JACKSONVILLE, FL 32226

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:** CAROL A GORMAN

PRES

03/02/2010

Electronic Signature of Signing Officer or Director

Date