

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057880

Entity Name: KM MEDICAL, INC.

FILED
Jan 12, 2005
Secretary of State

Current Principal Place of Business:

1895 CORPORATE SQUARE BLVD. #3
JACKSONVILLE, FL 32216

New Principal Place of Business:

1895 CORPORATE SQUARE BLVD. #5
JACKSONVILLE, FL 32216

Current Mailing Address:

1895 CORPORATE SQUARE BLVD. #3
JACKSONVILLE, FL 32216

New Mailing Address:

1895 CORPORATE SQUARE BLVD. #5
JACKSONVILLE, FL 32216

FEI Number: 51-0475416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLISON, LEE G
12276 SAN JOSE BLVD., SUITE 126
JACKSONVILLE, FL 32223 US

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: D () Delete
Name: TOVEY, KAREN
Address: 13751 CLUB COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KAREN TOVEY

D

01/12/2005

Electronic Signature of Signing Officer or Director

Date