

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057880

Entity Name: KM MEDICAL, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

1895 CORPORATE SQUARE BLVD. #5
JACKSONVILLE, FL 32216

New Principal Place of Business:

320 NORTH 1ST STREET
SUITE 715
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

1895 CORPORATE SQUARE BLVD. #5
JACKSONVILLE, FL 32216

New Mailing Address:

320 NORTH 1ST STREET
SUITE 715
JACKSONVILLE BEACH, FL 32250

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 PA
6817 SOUTHPOINT PARKWAY
SUITE 603
JACKSONVILLE, FL 32216 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: D (X) Change () Addition
Name: TOVEY, KAREN
Address: 320 NORTH 1ST STREET, STE 715
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN TOVEY

D

01/04/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date