

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000057880

Entity Name: KM MEDICAL, INC.

**FILED**  
**Jan 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
Name: TOVEY, KAREN  
Address: 320 NORTH 1ST STREET, STE 715  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: KAREN TOVEY

D

01/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date