


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90571 040 ***150.00

DOCUMENT # P03000095794			
1. Entity Name U. S. MED PED, INC.			
Principal Place of Business 1642 BRISTOL PLACE ORANGE PARK, FL 32073		Mailing Address 1642 BRISTOL PLACE ORANGE PARK, FL 32073	
2. Principal Place of Business 2176 Park Avenue Suite, Apt. #, etc. 101 City & State Orange Park, FL Zip 32073 Country USA		3. Mailing Address 2176 Park Avenue Suite, Apt. #, etc. 101 City & State Orange Park, FL Zip 32073 Country USA	
6. Name and Address of Current Registered Agent MALLARD, EDWARD W III 1642 BRISTOL PLACE ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Edward W. Mallard III Street Address (P.O. Box Number is Not Acceptable) 2176 Park Avenue # 101 City Orange Park FL Zip Code 32073	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Leslie P. Mallard</u> (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE <u>4-14-05</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALLARD, EDWARD W 1642 BRISTOL PLACE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOSTER, KENNETH C 2789 RAVINES RD MIDDLEBURG, FL 32068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSTER, KATHRYN A 2789 RAVINES RD MIDDLEBURG, FL 32068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALLARD, LESLIE P 1642 BRISTOL PLACE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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/trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Leslie P. Mallard</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-14-05</u> Daytime Phone # <u>904-269-1100</u>	

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04142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0192875 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required