

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121202

Entity Name: FLORABAMA MEDICAL, INC.

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

3730 LONGSHIP PL  
TAMPA, FL 33607

## New Principal Place of Business:

762 S VILLAGE CIRCLE  
TAMPA, FL 33606

## Current Mailing Address:

3730 LONGSHIP PL  
TAMPA, FL 33607

## New Mailing Address:

762 S VILLAGE CIRCLE  
TAMPA, FL 33606

FEI Number: 51-0488283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LODEN, SCOTT T  
PO BOX 60547  
ST PETERSBURG, FL 33784 US

## Name and Address of New Registered Agent:

LODEN, SCOTT T  
4601 CENTRAL AVENUE  
ST PETERSBURG, FL 33713 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: SCOTT T LODEN

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: SMITH, SCOTT L  
Address: 3730 LONGSHIP PL  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: SMITH, SCOTT L  
Address: 762 S VILLAGE CIRCLE  
City-St-Zip: TAMPA, FL 33606

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: SCOTT L SMITH

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date