

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127034

Entity Name: CENTRAL MEDICAL, INC.

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

10453 TECOMA DR
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1324 SEVEN SPRING BLVD.
#214
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 20-0335416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARCHISELLI, JOSEPH
10453 TECOMA DR
NEW PORT RICHEY, FL 34655 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: MARCHISELLI, JOSEPH
Address: 10453 TECOMA DR
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JOE MARCHISELLI

DPST

08/31/2005

Electronic Signature of Signing Officer or Director

Date