2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014086

SCHRIEFER, THOMAS R

P. O. BOX 473

OZONA, FL 34660

Name:

Address:

City-St-Zip:

FILED Apr 24, 2009 Secretary of State

Entity Nar	ne: VANDALA	Y HEALTHCARE PRODUCTS	S, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	KLIN COURT RBOR, FL 3468	4			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 4 OZONA, F					
FEI Number:	20-0638608	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	KIRBY H STREET NOI RSBURG, FL 30		SCHRIEFER, THOMA 3113 S. CANAL DR. PALM HARBOR, FL 3		
The above in the State		bmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: THOMAS SCHRIEFER				04/24/2009	
Election Can		Signature of Registered Age Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () C OLINGER, MARY 356 15TH AVENU ST. PETERSBUR	IE NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ()[WATSON, VERD 356 15TH AVENU ST. PETERSBUR	IE NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()[Pelete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS SCHRIEFER S 04/24/2009