2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P04000023445

Entity Name: RELIABLE MEDICAL INC.

Current Principal Place of Business:

7381 114TH AVE N
SUITE 402B
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

7381 114TH AVE N
SUITE 402B
LARGO, FL 33773

New Mailing Address:

FEI Number: 20-0697142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, STEPHEN W III
3850 BELLE VISTA DR EAST
ST PETE BEACH, FL 33706 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: P ( ) Delete
Name: CARROLL, ELIZABETH
Address: 3850 BELLE VISTA DR E
City-St-Zip: ST PETE BEACH, FL 33706

Title: VP ( ) Delete
Name: CARROLL, STEPHEN W III
Address: 3850 BELLE VISTA DR E
City-St-Zip: ST PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ELIZABETH CARROLL PRES 01/14/2008

Electronic Signature of Signing Officer or Director Date