## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033491

Entity Name: REMEDY MEDICAL EQUIPMENT, INC.

**FILED** Feb 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1335 10 ST E STE A PALMETTO, FL 34221

**Current Mailing Address: New Mailing Address:** 

1335 10 ST E STE A PALMETTO, FL 34221

FEI Number: 05-0596917 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRISON, RCRAIG ESQ LYONS, BEAUDRY & HARRISON, P.A. 1605 MAIN ST STE 1111 SARASOTA, FL 34236 US

HARRISON, R CRAIG ESQ LYONS, BEAUDRY & HARRISON, P.A. 1605 MÁIN ST STE 1111 SARASOTA, FL 34236 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: R. CRAIG HARRISON / LAH 02/16/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition HENRY, LAWRENCE A HENRY, LAWRENCE A Name: Name: Address:

11308 28 ST CIR E 11308 28 ST CIR E Address: City-St-Zip: PARRISH, FL 34219 City-St-Zip: PARRISH, FL 34219

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: LAWRENCE A. HENRY **PRES** 02/16/2009