

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128545

Entity Name: ENVIRO-MED INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

3103 W. DUNWOODIE STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3103 W. DUNWOODIE STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-2694739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITE, M. JEFFREY
3103 W. DUNWOODIE STREET
TAMPA, FL 33629 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: WHITE, M. JEFFREY M.D.
Address: 3103 W. DUNWOODIE STREET
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
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City-St-Zip:

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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WHITE, M. JEFFREY M.D.
Address: 3103 W. DUNWOODIE STREET
City-St-Zip: TAMPA, FL 33629

Title: SEC () Change (X) Addition
Name: KUEHL-WHITE, OLGA
Address: 3103 W. DUNWOODIE ST.
City-St-Zip: TAMPA, FL 33629

Title: VP () Change (X) Addition
Name: WHITE, M. JEFFREY
Address: 3103 W. DUNWOODIE ST.
City-St-Zip: TAMPA, FL 33629

Title: TREA () Change (X) Addition
Name: KUEHL-WHITE, OLGA
Address: 3103 W. DUNWOODIE ST.
City-St-Zip: TAMPA, FL 33629

Title: DIR () Change (X) Addition
Name: WHITE, M. JEFFREY
Address: 3103 W. DUNWOODIE ST.
City-St-Zip: TAMPA, FL 33629

Title: DIR () Change (X) Addition
Name: KUEHL-WHITE, OLGA
Address: 3103 W. DUNWOODIE ST.
City-St-Zip: TAMPA, FL 33629

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: M. JEFFREY WHITE M.D.

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date