

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000360

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: AAA MEDICAL COMPLIANCE TESTING INC

## Current Principal Place of Business:

3850 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US

## New Principal Place of Business:

3850 LAKE WORTH ROAD  
SUITE 2  
LAKE WORTH, FL 33461 US

## Current Mailing Address:

3850 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US

## New Mailing Address:

3850 LAKE WORTH ROAD  
SUITE 2  
LAKE WORTH, FL 33461 US

FEI Number: 20-2127785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KALFIN, BARRY  
1845 KUDZA RD  
WEST PALM BEACH, FL 33415 US

## Name and Address of New Registered Agent:

KALFIN, BARRY  
3850 LAKE WORTH ROAD  
SUITE 2  
LAKE WORTH, FL 33461 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: BARRY KALFIN

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FLINTOM, LATHROP K  
Address: 1837 KUDZA RD  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: V ( ) Delete  
Name: KALFIN, CATHRINE M  
Address: 1845 KUDZA RD  
City-St-Zip: WEST PALM BEACH, FL 33415 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: KALFIN, CATHRINE M  
Address: 1845 KUDZA RD  
City-St-Zip: WEST PALM BEACH, FL 33415 US

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: CATHERINE KALFIN

VP

03/04/2009

Electronic Signature of Signing Officer or Director

Date