

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019102

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA STATE MEDICAL REPAIR, INC

**Current Principal Place of Business:**

1509 GERTRUDE DRIVE  
BRANDON, FL 33511

**New Principal Place of Business:**

14825 LAKE MAGDALENE CIRCLE  
TAMPA, FL 33613

**Current Mailing Address:**

P.O. BOX 604  
BRANDON, FL 33509

**New Mailing Address:**

14825 LAKE MAGDALENE CIRCLE  
TAMPA, FL 33613

**FEI Number:** 30-0298956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

URQUHART-MYERS, THOMAS Q  
1509 GERTRUDE DRIVE  
BRANDON, FL 33511 US

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

URQUHART-MYERS, THOMAS Q  
14825 LAKE MAGDALENE CIRCLE  
TAMPA, FL 33613 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:

03/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: URQUHART-MYERS, THOMAS Q PRES  
Address: 14825 LAKE MAGDALENE CIRCLE  
City-St-Zip: TAMPA, FL 33613

Title: TREA  
Name: URQUHART-MYERS, KAREN J TREA  
Address: 14825 LAKE MAGDALENE CIRCLE  
City-St-Zip: TAMPA, FL 33613

I hereby 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 all other like empowered.

SIGNATURE: THOMAS Q. URQUHART-MYERS

PRES

03/18/2010

Electronic Signature of Signing Officer or Director

Date