## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055136

Entity Name: STERILIZATION CONSULTANT, INC.

FILED Sep 24, 2008 Secretary of State

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

12909 BLUE HERON COURT CLERMONT, FL 34711 US

Current Mailing Address: New Mailing Address:

12909 BLUE HERON COURT CLERMONT, FL 34711 US

FEI Number: 20-2675127 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:

MURPHY, MICHAEL

12909 BLUE HERON COURT
CLERMONT, FL 34711 US

MURPHY, LINDA P
12909 BLUE HERON COURT
CLERMONT, FL 34711 US

CLERMONT, FL 34711 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: LINDA P. MURPHY 09/24/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete Title: PD (X) Change ( ) Addition Name: MURPHY, MICHAEL Name: MURPHY, LINDA P Address: 12909 BLUE HERON COURT 12909 BLUE HERON COURT

Address: 12909 BLUE HERON COURT Address: 12909 BLUE HERON COUF City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: CLERMONT, FL 34711 US

 Title:
 ST
 (X) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 MURPHY, MICHAEL
 Name:

 Address:
 12909 BLUE HERON COURT
 Address:

 City-St-Zip:
 CLERMONT, FL 34711 US
 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: LINDA P. MURPHY PD 09/24/2008