

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109804

Entity Name: SOURCE MEDICAL, INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

2426 POINCIANA CT
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2426 POINCIANA CT
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-3296950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REYNOLDS, DOUGLAS H
350 E LAS OLAS BLVD SUITE 1700
FT LAUDERDALE, FL 33301 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: D () Delete
Name: STEFANOVIC, RADENKO
Address: 2426 POINCIANA CT
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RADENKO STEFANOVIC

D

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date