


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000118264</b>	
<b>1. Entity Name</b> ABC MEDICAL AND OXYGEN INC.	

<b>Principal Place of Business</b> 13910 FIVAY RD. SUITE 4 HUDSON, FL 34667 US	<b>Mailing Address</b> 13910 FIVAY RD. SUITE 4 HUDSON, FL 34667 US
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**DO NOT WRITE IN THIS SPACE**



02092008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3813884	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

ACEVEDO, CAROL A  
13910 FIVAY ROAD  
SUITE 4  
HUDSON, FL 34667

**DO NOT WRITE IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Carol A. Acevedo DATE 2-9-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PRES ACEVEDO, CAROL A 13910 FIVAY RD., SUITE 4 HUDSON, FL 34667
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02/21/08-80065-014 158.75

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: Carol A. Acevedo / Carol A. Acevedo 2-1-08 (127)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: 863-2222