

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013393

FILED
Jan 19, 2009
Secretary of State

Entity Name: NORTH FLORIDA OXYGEN AND MEDICAL, INC.

Current Principal Place of Business:

3380 SE LAKE WEIR ROAD
#B
OCALA, FL 34474

New Principal Place of Business:

New Mailing Address:

3380 SE LAKE WEIR ROAD
#B
OCALA, FL 34474

Current Mailing Address:

347 S.W. MAIN BOULEVARD
LAKE CITY, FL 32025

FEI Number: 20-4305266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLETON, JAMES S
347 S. W. MAIN BOULEVARD
LAKE CITY, FL 32025 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: P () Delete
Name: MIDDLETON, JAMES S
Address: 347 S. W. MAIN BOULEVARD, SUITE 101
City-St-Zip: LAKE CITY, FL 32025

Title: VP () Delete
Name: MAY, ALBERT S JR.
Address: 3631 S. W. 5TH COURT
City-St-Zip: OCALA, FL 34474

Title: S/T () Delete
Name: RUSSELL, SID D
Address: 3601 S. W. 2ND AVENUE, SUITE P
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: ALBERT S MAY JR

VP

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date