## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000111046

Entity Name: BLACK BAG MEDICAL, INC.

JACKSONVILLE, FL 32216 US

City-St-Zip:

FILED Feb 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4320 DEERWOOD LAKE PKWY STE 101, PMB 321 JACKSONVILLE, FL 32216 **New Mailing Address: Current Mailing Address:** 4320 DEERWOOD LAKE PKWY STE 101, PMB 321 JACKSONVILLE, FL 32216 FEI Number: 20-5438009 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEPHENS, BRIAN 4320 DEERWOOD LAKE PKWY STE 101, PMB 321 JACKSÓNVILLE, FL 32216 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** ( ) Delete Title: () Change () Addition STEPHENS, BRIAN Name: Name: 4320 DEERWOOD LAKE PKWY STE 101, PMB 321 Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 US City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: STEPHENS, BRIAN Name: 4320 DEERWOOD LAKE PKWY STE 101, PMB 321 Address: 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: BRIAN STEPHENS PVST 02/04/2009