

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034078

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: MCCLURE MEDICAL SERVICES, INC.

## Current Principal Place of Business:

8037 VIA HACIENDA  
PALM BEACH GARDENS, FL 33418 US

## New Principal Place of Business:

## Current Mailing Address:

8037 VIA HACIENDA  
PALM BEACH GARDENS, FL 33418 US

## New Mailing Address:

FEI Number: 20-8643583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOUCHER, NICOLE  
8037 VIA HACIEND  
PALM BEACH GARDENS, FL 33418 US

## Name and Address of New Registered Agent:

MCCLURE, CONNIE  
8037 VIA HACIEND  
PALM BEACH GARDENS, FL 33418 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: CONNIE MCCLURE

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: BOUCHER, NICOLE  
Address: 8037 VIA HACIENDA  
City-St-Zip: PALM BEACH GARDNES, FL 33418 US

Title: PRES ( ) Delete  
Name: MCCLURE, CONNIE L  
Address: 8037 VIA HACIENDA  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: ARLENE, MILLER  
Address: EIGHT TWIN OAK LANE  
City-St-Zip: BREMEN, GA 30182 US

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: CONNIE MCCLURE

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date