2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008
Secretary of State

DOCUMENT# P07000056707

Entity Name: CASTOR MCLANE MEDICAL, INC.

Current Principal Place of Business:

218 ST JOHNS FOREST BLVD
ST JOHNS, FL 32259

New Principal Place of Business:

5383 PRIMROSE LAKE CIRCLE
A
TAMPA, FL 33647

Current Mailing Address:

218 ST JOHNS FOREST BLVD
ST JOHNS, FL 32259

New Mailing Address:

FEI Number: 26-0176756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCLANE, CHARLES
218 ST JOHNS FOREST BLVD
ST JOHNS, FL 32259 US

Name and Address of New Registered Agent:

MCLANE, CHARLES E PRES.
218 ST JOHNS FOREST BLVD
ST JOHNS, FL 32259 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: CHARLIE MCLANE 08/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCLANE, CHARLES
Address: 218 ST JOHNS FOREST BLVD
City-St-Zip: ST JOHNS, FL 32259 US

Title: VP ( ) Delete
Name: CASTOR, STANLEY
Address: 811 WEDGEWOOD LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: S, T ( ) Delete
Name: MCLANE, NATALIE
Address: 218 ST JOHNS FOREST BLVD
City-St-Zip: ST JOHNS, FL 3229 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCLANE, CHARLES E PRES
Address: 218 ST JOHNS FOREST BLVD
City-St-Zip: ST JOHNS, FL 32259 US

Title: VP (X) Change ( ) Addition
Name: CASTOR, STANLEY A VP
Address: 811 WEDGEWOOD LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: S, T (X) Change ( ) Addition
Name: MCLANE, NATALIE J
Address: 218 ST JOHNS FOREST BLVD
City-St-Zip: ST JOHNS, FL 32259 US

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: CHARLIE MCLANE PRES 08/28/2008
Electronic Signature of Signing Officer or Director Date