

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039641

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: CERTIFIED MEDICAL AUTO DIVISION INC.

## Current Principal Place of Business:

6122 S.W. HIGH WAY 200  
OCALA, FL 34476 US

## New Principal Place of Business:

6122 S.W. HIGHWAY 200  
OCALA, FL 34476 US

## Current Mailing Address:

6122 S.W. HIGH WAY 200  
OCALA, FL 34476 US

## New Mailing Address:

6122 S.W. HIGHWAY 200  
OCALA, FL 34476 US

FEI Number: 26-2436911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOB, DAVID A  
6122 S.W. HIGH WAY 200  
OCALA, FL 34476 US

## Name and Address of New Registered Agent:

JACOB, DAVID A  
6122 S.W. HIGHWAY 200  
OCALA, FL 34476 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:

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DORSEY, THOMAS E  
Address: 6122 S.W. HIGH WAY 200  
City-St-Zip: OCALA, FL 34476 US

Title: VP ( ) Delete  
Name: JACOB, DAVID A  
Address: 6122 S.W. HIGH WAY 200  
City-St-Zip: OCALA, FL 34476 US

Title: VP ( ) Delete  
Name: JACOB, SANDRA K  
Address: 6122 S.W. HIGH WAY 200  
City-St-Zip: OCALA, FL 34476 US

## 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: THOMAS DORSEY

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date