

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000039641

FILED
Apr 20, 2009
Secretary of State**Entity Name:** CERTIFIED MEDICAL AUTO DIVISION INC.**Current Principal Place of Business:**6122 S.W. HIGHWAY 200
OCALA, FL 34476 US**New Principal Place of Business:**7265 S.W. 62 AVE.
UNIT 1
OCALA, FL 34476 US**Current Mailing Address:**6122 S.W. HIGHWAY 200
OCALA, FL 34476 US**New Mailing Address:**7265 S.W. 62 AVE
UNIT 1
OCALA, FL 34476 US**FEI Number:** 26-2436911**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JACOB, DAVID A
6122 S.W. HIGHWAY 200
OCALA, FL 34476 US**Name and Address of New Registered Agent:**JACOB, DAVID A
7265 SW 62 AVE
UNIT 1
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:

04/20/2009

Electronic Signature of Registered Agent

Date

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**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: DORSEY, THOMAS E
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: OCALA, FL 34476 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: JEFFERY, CONNOR VP
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: OCALA, FL 34476

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: DAVID A JACOB

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date