

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039965

FILED
Apr 30, 2009
Secretary of State

Entity Name: GARMIG MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

3614 WEST CYPRESS STREET
TAMPA, FL 33607 US

New Principal Place of Business:

3602 WEST CYPRESS STREET
TAMPA, FL 33607 US

Current Mailing Address:

3614 WEST CYPRESS STREET
TAMPA, FL 33607 US

New Mailing Address:

3602 WEST CYPRESS STREET
TAMPA, FL 33607 US

FEI Number: 26-2468200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARAGE, NANCY G
707 N. FRANKLIN STREET
4TH FLOOR
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: SMITH, GARY
Address: 3614 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33602 US

Title: D () Delete
Name: PEREZ, MIGUEL
Address: 3614 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, GARY
Address: 3602 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607 US

Title: D (X) Change () Addition
Name: PEREZ, MIGUEL
Address: 3602 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607 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: GARY SMITH

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date