2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P08000076749

Entity Name: CHESHIRE MEDICAL, INC.

Current Principal Place of Business:

4221 SE 53RD AVENUE UNIT E
OCALA, FL 34480

New Principal Place of Business:

4221 SE 53RD AVENUE UNIT G
OCALA, FL 34480

Current Mailing Address:

4221 SE 53RD AVENUE UNIT E
OCALA, FL 34480

New Mailing Address:

4221 SE 53RD AVENUE UNIT G
OCALA, FL 34480

FEI Number: 26-3203485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CHESHIRE, MELISSA A VP
4221 SE 53RD AVENUE, UNIT G
OCALA, FL 34480 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: MELISSA CHESHIRE 03/31/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: CHESHIRE, JOHN M
Address: 4221 SE 53RD AVENUE UNIT E
City-St-Zip: OCALA, FL 34480

Title: VP ( ) Delete
Name: CHESHIRE, MELISSA A
Address: 4221 SE 53RD AVENUE UNIT E
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: CHESHIRE, JOHN M
Address: 4221 SE 53RD AVENUE UNIT G
City-St-Zip: OCALA, FL 34480

Title: VP (X) Change ( ) Addition
Name: CHESHIRE, MELISSA A
Address: 4221 SE 53RD AVENUE UNIT G
City-St-Zip: OCALA, FL 34480

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: MELISSA CHESHIRE VP 03/31/2009
Electronic Signature of Signing Officer or Director Date