2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P17985

1. Entity Name
KINETIC BIOMEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
4509 W. RIDGE ROAD ERIE, PA 16506	4509 W. RIDGE ROAD ERIE, PA 16506

DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
25-1563482
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. *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. I am familiar with, and accept the obligations of registered agent.*

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000339310
04/28/05-80071-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LAUGHNER, JAMES I
STREET ADDRESS	4509 WEST RIDGE ROAD
CITY-ST-ZIP	ERIE, PA 16506
TITLE	PD
NAME	GRAHAM, JAMES A
STREET ADDRESS	4509 WEST RIDGE ROAD
CITY-ST-ZIP	ERIE, PA 16506
TITLE	SD
NAME	MCDONALD, JAMES D
STREET ADDRESS	4509 WEST RIDGE ROAD
CITY-ST-ZIP	ERIE, PA 16506
TITLE	TD
NAME	AMENDOLA, ROBERT P
STREET ADDRESS	4509 WEST RIDGE ROAD
CITY-ST-ZIP	ERIE, PA 16506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James D. Graham 4/25/05 814-836-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #