

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P18865

1. Entity Name  
COMMAND MEDICAL PRODUCTS, INC.



Principal Place of Business  
15 SIGNAL AVE.  
ORMOND BEACH, FL 32174-2984

Mailing Address  
15 SIGNAL AVE.  
ORMOND BEACH, FL 32174-2984

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



04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1092271

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HEEBNER, PETER B.  
523 NORTH HALIFAX AVENUE  
DAYTONA BEACH, FL 32118

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
SLICK, ANTOINETTE M.  
322 JOHN ANDERSON DR.  
ORMOND BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
SLICK, DAVID T.  
322 JOHN ANDERSON DR.  
ORMOND BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 386-672-8116  
Date Daytime Phone #