

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31309

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: CANMED PROPERTIES INC.

## Current Principal Place of Business:

150 SIGNET DRIVE  
WESTON, ONTARIO, CANADA  
M9L 1T9, XX

## New Principal Place of Business:

150 SIGNET DRIVE  
WESTON, ON M9L 1T9 XX

## Current Mailing Address:

150 SIGNET DRIVE  
WESTON, ONTARIO, CANADA  
M9L 1T9, XX

## New Mailing Address:

150 SIGNET DRIVE  
WESTON, ON M9L 1T9 XX

FEI Number: 98-0107255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOLODY, STEPHEN G.  
2301 MCGREGOR BLVD.  
FT. MYERS, FL 33901 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: PTD ( ) Delete  
Name: FLORENCE, M.F.,  
Address: 150 SIGNET DRIVE  
City-St-Zip: WESTON, (TORONTO),CA,

Title: S ( ) Delete  
Name: FLORENCE, M. F  
Address: 150 SIGNET DR.  
City-St-Zip: WESTON, ONTARIO, CA

Title: VD ( ) Delete  
Name: SHERMAN, BERNARD,  
Address: 150 SIGNET DRIVE  
City-St-Zip: WESTON, (TORONTO),CA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL FLORENCE

PTD

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date