

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021458

Entity Name: NORTH FL. BIO-MED., INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

26687 HWY 247
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 504
BRANFORD, FL 32008

New Mailing Address:

FEI Number: 59-3176653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUGGS, ROBBIE W
SUWANNEE AVE.
BRANFORD, FL 32008 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: SUGGS, ROBBIE W
Address: P.O. BOX 504
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: SUGGS, DONNA
Address: P.O. BOX 504
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: MORTON, K. KEVIN
Address: RT. 14, BOX 178-B
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: MORTON, SUZANNE M
Address: RT. 14, BOX 178-B
City-St-Zip: LAKE CITY, FL 32055

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:

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: DONNA C SUGGS

TRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date