

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059335

Entity Name: CLASSIC MEDICAL INC.

FILED  
Apr 12, 2007  
Secretary of State

## Current Principal Place of Business:

701 COLORADO AVE  
STE 6  
STUART, FL 34994

## New Principal Place of Business:

2116 SE RAYS WAY  
STUART, FL 34994

## Current Mailing Address:

701 COLORADO AVE  
STE 6  
STUART, FL 34994

## New Mailing Address:

2116 SE RAYS WAY  
STUART, FL 34994

FEI Number: 65-0437375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEMING, KATHLEEN  
953 SE MAC ARTHUR BLVD  
STUART, FL 34996 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: VP ( ) Delete  
Name: BOYD, RONALD  
Address: 1912 W HAMPTON POINT DR.  
City-St-Zip: STATESBORO, GA 30458

Title: VP ( ) Delete  
Name: FLEMING, GARY  
Address: 5508 SW ORCHID BAY DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: PRES (X) Delete  
Name: FLEMING, CARL  
Address: 953 SE MACARTHUR BLVD  
City-St-Zip: STUART, FL 34996

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: FLEMING, CARL M  
Address: 2116 SE RAYS WAY  
City-St-Zip: STUART, FL 34994 US

Title: VP (X) Change ( ) Addition  
Name: FLEMING, GARY  
Address: 2116 SE RAYS WAY  
City-St-Zip: STUART, FL 34994

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL FLEMING

PRES

04/12/2007

Electronic Signature of Signing Officer or Director

Date