

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083013

Entity Name: B & B MEDICAL, INC.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

1897 PALM BECH LAKES BLVD.
STE 120
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

1897 PALM BEACH LAKES BLVD.
SUITE 120
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0459595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, AUDREY PHD
1897 PALM BEACH LAKES BLVD
STE 120
WEST PALM BEACH, FL 33409 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: PD () Delete
Name: SCOTT, DAVID
Address: C/O 1897 PALM BCH LAKES BLVD. NO. 120
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete
Name: HABER, AUDREY PHD
Address: C/O 1897 PALM BCH LAKES BLVD. NO 120
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T () Delete
Name: JASSENOFF, JEROME
Address: C/O 1897 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: JASSENOFF, JEROME
Address: C/O 1897 PALM BEACH LAKES BLVD, NO 120
City-St-Zip: WEST PALM BEACH, FL 33409

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: AUDREY HABER

SD

04/10/2008

Electronic Signature of Signing Officer or Director

Date