


**2007 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P94000094166 1. Entity Name KIBLER MEDICAL, INC. |  |
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|---|--|
| Principal Place of Business 4430 KINCARDINE DRIVE JACKSONVILLE, FL 32257 US | Mailing Address P.O. BOX 57613 JACKSONVILLE, FL 32241 US |
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03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number 59-3286768 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**KIBLER, RUSSELL A
4430 KINCARDINE DRIVE
JACKSONVILLE, FL 32257**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIBLER, RUSSELL A 4430 KINCARDINE DRIVE JACKSONVILLE, FL |
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05/14/07-80035-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-24-07 ⁹⁰⁴ **739-0828**
Date Daytime Phone #