

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012131

Entity Name: CHIEF MED, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

THEODORE M. BURT
114 NORTHEAST FIRST STREET
TRENTON, FL 32693

Current Mailing Address:

THEODORE M. BURT
POST OFFICE BOX 308
TRENTON, FL 32693

New Principal Place of Business:

THEODORE M. BURT
114 NORTHEAST FIRST STREET
TRENTON, FL 32693 US

New Mailing Address:

THEODORE M. BURT
POST OFFICE BOX 308
TRENTON, FL 32693 US

FEI Number: 59-3321005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURT, THEODORE M
114 NORTHEAST FIRST STREET
TRENTON, FL 32693 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: PDST () Delete
Name: SANDERS, TAMMY K.
Address: 5309 NW 15TH ST
City-St-Zip: BELL, FL 32619 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TAMMY K SANDERS

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date