

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000053796

1. Entity Name
FMC MEDICAL, INC.



Principal Place of Business

13737 NOEL ROAD
STE 100
DALLAS, TX 75240

Mailing Address

13737 NOEL ROAD
STE 100
DALLAS, TX 75240

FILED

2008 FEB 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0638327
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALEMAN, RALPH
STREET ADDRESS 500 W CYPRESS CREEK RD. #700
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE SD
NAME LARSEN, CAITLIN M
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE T
NAME SHERMAN, JEFFREY S
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE AS
NAME MACK, KRISTINA A
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800119548908
03/06/08--01015--014 **150.00

**DO NOT WRITE
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

Kristina A. Mack,
Assistant Secretary

1/14/08 - 469-893-2701

Date

Daytime Phone #