2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007410

Entity Name: NORTH CENTRAL MEDICAL CORPORATION, INC.

FILED Jan 02, 2007 Secretary of State

•	Principal Place of Business:	New Principal Place o	f Business:
SUITE A-	VBERRY ROAD 2 /ILLE, FL 32607		
Current N	Mailing Address:	New Mailing Address:	
SUITE A-:	VBERRY ROAD 2 /ILLE, FL 32607		
FEI Numbe	r: 59-3422078 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of Current Registered Agen	t: Name and Address of	New Registered Agent:
GAINESV	R. A V 11TH AVENUE VILLE, FL 32606 US e named entity submits this statement for	the purpose of changing its registered	office or registered agent, or both
in the Stat		the purpose of changing its registered	office of registered adent. Of both.
iii tiic Otai	te of Florida.		
SIGNATU	JRE:		
		d Agent	Date
SIGNATU	JRE:	-	
SIGNATU	IRE: Electronic Signature of Registered	-	
SIGNATU	IRE: Electronic Signature of Registered ampaign Financing Trust Fund Contribution ().	ADDITIONS/CHANGES	Date
SIGNATU Election Ca OFFICER Title: Name: Address:	Electronic Signature of Registered ampaign Financing Trust Fund Contribution (). RS AND DIRECTORS: PD () Delete NEDER, R. A 4001 NEWBERRY ROAD SUITE A-2	ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:

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: JACK THOMPSON CEO 01/02/2007