

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007410

FILED
Jan 05, 2009
Secretary of State

Entity Name: NORTH CENTRAL MEDICAL CORPORATION, INC.

Current Principal Place of Business:

4001 NEWBERRY ROAD
SUITE A-2
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4001 NEWBERRY ROAD
SUITE A-2
GAINESVILLE, FL 32607

New Mailing Address:

4001 NEWBERRY ROAD
SUITE A-2
GAINESVILLE, FL 32607 US

FEI Number: 59-3422078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEDER, R. A
11131 NW 11TH AVENUE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

THOMPSON, JACK B
4001 NEWBERRY ROAD
SUITE A-2
GAINESVILLE, FL 32607 US

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: JACK THOMPSON

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEDER, R. A
Address: 4001 NEWBERRY ROAD SUITE A-2
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: NEDER, ARLENE
Address: 11131 NW 11TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: CEO () Delete
Name: THOMPSON, JACK
Address: 4001 NEWBERRY RD STE A-2
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JACK THOMPSON

CEO

01/05/2009

Electronic Signature of Signing Officer or Director

Date