

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021744

Entity Name: EZ-MED COMPANY

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

6950 BRYAN DAIRY ROAD
LARGO, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

6950 BRYAN DAIRY ROAD
LARGO, FL 33777 US

New Mailing Address:

FEI Number: 65-0840305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESQUIVEL, JULIO C
101 EAST KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602 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: PD () Delete
Name: SEKHARAM, KOTHA PH.D.
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777 US

Title: CFOS () Delete
Name: DORE-FALCONE, CAROL
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777 US

Title: D () Delete
Name: DORE-FALCONE, CAROL
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777 US

Title: D () Delete
Name: TANEJA, MIHIR
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777 US

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:

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: CAROL DORE-FALCONE

CFOS

04/07/2008

Electronic Signature of Signing Officer or Director

Date