## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000004921

FILED Apr 11, 2007 Secretary of State

Entity Name: FIRST FLORIDA MEDICAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 373 BRADEN AVE 101 SARASOTA, FL 34243 **New Mailing Address: Current Mailing Address:** P O BOX 15642 SARASOTA, FL 34271 FEI Number: 65-0887699 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELETKA, SHERYL L 373 BRADEN AVE. SUITE 101 SARASOTA, FL 34243 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MITCHELL, ROBERT MITCHELL, ROBERT Name: Name: 373 BRADEN AVE. 101 373 BRADEN AVE. 101 Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: Title: () Change () Addition () Delete

 Name:
 GELETKA, SHERYL
 Name:

 Address:
 373 BRADEN AVE. 101
 Address:

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:

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: SHERYL L GELETKA V 04/11/2007