

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006341

**FILED**  
**Jan 25, 2005**  
**Secretary of State**

**Entity Name:** BRAXTON MEDICAL CORPORATION

**Current Principal Place of Business:**

9051 FLORIDA MINING BLVD  
SUITE 108  
TAMPA, FL 33634 US

**New Principal Place of Business:**

15402 N. NEBRASKA AVENUE  
SUITE 204  
LUTZ, FL 33549 US

**Current Mailing Address:**

9051 FLORIDA MINING BLVD  
SUITE 108  
TAMPA, FL 33634 US

**New Mailing Address:**

15402 N. NEBRASKA AVENUE  
SUITE 204  
LUTZ, FL 33549 US

**FEI Number:** 59-3551208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLSEN, DOUGLAS S  
9051 FLORIDA MINING BLVD  
#108  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

OLSEN, DOUGLAS S  
15402 N. NEBRASKA AVENUE  
SUITE 204  
LUTZ, FL 33549 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:**

01/25/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: OLSEN, DOUG  
Address: 9051 FLORIDA MINING BLVD, STE #108  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: OLSEN, DOUG  
Address: 15402 N. NEBRASKA AVENUE, STE#204  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** DOUGLAS OLSEN

PVST

01/25/2005

Electronic Signature of Signing Officer or Director

Date