

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90110 021 ***150.00

14016580



DOCUMENT # P99000064440 1. Entity Name 52 MEDICAL, INC.					
Principal Place of Business 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655			Mailing Address P.O. BOX 2108 ELFERS, FL 34680		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3587775			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HUDSON, JOHN E 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, JOHN E		NAME	HUDSON, JOHN E.	
STREET ADDRESS	2739 U.S. HWY. 19, STE. 201		STREET ADDRESS	8801 RIVER CROSSING BLVD	
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	CS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVA, SUSAN		NAME		
STREET ADDRESS	8801 RIVER CROSSING BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, JOHN E		NAME		
STREET ADDRESS	8801 RIVER CROSSING BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		