

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064440

Entity Name: 52 MEDICAL, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

9400 RIVER CROSSING BLVD., SUITE 104
NEW PORT RICHEY, FL 34655

Current Mailing Address:

P.O. BOX 2108
ELFERS, FL 34680

New Principal Place of Business:

7509 SR 52
SUITE 210
HUDSON, FL 34667 US

New Mailing Address:

7509 SR 52
SUITE 210
HUDSON, FL 34667 US

FEI Number: 59-3587775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, JOHN E
9400 RIVER CROSSING BLVD., SUITE 104
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

TORRENCE, ALFRED W JR
6709 RIDGE ROAD
SUITE 106
PORT RICHEY, FL 34668 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: ALFRED W. TORRENCE, JR.

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUDSON, JOHN E
Address: 9400 RIVER CROSSING BLVD., SUITE 104
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: CS (X) Delete
Name: SILVA, SUSAN
Address: 9400 RIVER CROSSING BLVD., SUITE 104
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Delete
Name: HUDSON, JOHN E
Address: 9400 RIVER CROSSING BLVD., SUITE 104
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAYLOR, WAYNE
Address: 7509 SR 52, SUITE 210
City-St-Zip: HUDSON, FL 34667

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: WAYNE TAYLOR

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date