

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V04392**

1. Entity Name  
**CREATIVE MEDICAL CONCEPTS, INC.**



Principal Place of Business  
**1115 OAK SPRINGS PLACE  
LAKE MARY, FL 32746 US**

Mailing Address  
**1115 OAK SPRINGS PLACE  
LAKE MARY, FL 32746 US**



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3097869</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHAULK, R.L.  
1115 OAK SPRINGS PL  
LAKE MARY, FL 32746**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000944329  
05/29/08-80095-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CHAULK, R.L.
STREET ADDRESS	1115 OAK SPRINGS PLACE
CITY- ST- ZIP	LAKE MARY, FL 32746

TITLE	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RANDY L. CHAULK**

Date

**4-25-08**

Daytime Phone #

**386 846 4588**