2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V20097

1. Entity Name
RESOURCE MEDICAL, INC.

Principal Place of Business	Mailing Address
12525 WALSINGHAM ROAD LARGO, FL 33774 US	12525 WALSINGHAM RD. LARGO, FL 33774 US

DO NOT WRITE IN THIS SPACE

01202005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3112644	Applied For Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINDELOF, WILLIAM H.
12525 WALSINGHAM ROAD
LARGO, FL 34644

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PDTD
NAME	LINDELOF, WILLIAM H.
STREET ADDRESS	10685 PARK PLACE DR
CITY-ST-ZIP	LARGO, FL 33778

TITLE	VPD
NAME	LINDELOF, JEFFREY
STREET ADDRESS	12746 OAK ST
CITY-ST-ZIP	LARGO, FL 33774

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/24/05-80184-004 150.00

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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: _William H. Lindelof_   1-26-05   727-593-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #