

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V20097

Entity Name: RESOURCE MEDICAL, INC.

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12525 WALSINGHAM ROAD  
LARGO, FL 33774 US

**New Principal Place of Business:**

**Current Mailing Address:**

12525 WALSINGHAM ROAD  
LARGO, FL 33774 US

**New Mailing Address:**

FEI Number: 59-3112644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDTD  
Name: LINDELOF, WILLIAM H  
Address: 10685 PARK PLACE DR  
City-St-Zip: LARGO, FL 33778

Title: VPDS  
Name: LINDELOF, JEFFREY W  
Address: 12746 OAK ST  
City-St-Zip: LARGO, FL 33774

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY W. LINDELOF

VP

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date