

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51736

Entity Name: LCM MEDICAL, INC.

FILED  
Jan 06, 2006  
Secretary of State

**Current Principal Place of Business:**

390 SW 12TH AVE  
DEERFIELD BCH., FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

390 SW 12TH AVE  
DEERFIELD BCH., FL 33442 US

**New Mailing Address:**

FEI Number: 65-0349500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANGREE, MARK L  
390 S.W. 12TH AVENUE  
DEERFIELD BEACH, FL 33442 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMPSON, LARRY W.,  
Address: 1333 GATEWAY DR #1022  
City-St-Zip: MELBOURNE, FL 33491

Title: V ( ) Delete  
Name: SANGREE, MARK  
Address: 390 SW 12 AVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MARK L SANGREE

V

01/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date