

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51736

FILED  
Mar 30, 2010  
Secretary of State

Entity Name: LCM MEDICAL, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

296 SOUTH MILITARY TRAIL  
DEERFIELD BCH., FL 33442 US

**Current Mailing Address:**

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

**New Mailing Address:**

296 SOUTH MILITARY TRAIL  
DEERFIELD BCH., FL 33442 US

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:**

SANGREE, MARK L  
296 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 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:

03/30/2010

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THOMPSON, LARRY W.  
Address: 1333 GATEWAY DR #1022  
City-St-Zip: MELBOURNE, FL 32901

Title: V  
Name: SANGREE, MARK  
Address: 296 SOUTH MILITARY TRAIL  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: MARK L SANGREE

VP

03/30/2010

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

\_\_\_\_\_  
Date