

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050631

Entity Name: SCHLAKMAN MEDICAL, INC.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

2548 HUNTERS RUN WAY
WESTON, FL 33327

New Principal Place of Business:

705 ARLINGTON CT.
MADISON, MS 39110

Current Mailing Address:

2548 HUNTERS RUN WAY
WESTON, FL 33327

New Mailing Address:

705 ARLINGTON CT.
MADISON, MS 39110

FEI Number: 91-2193449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STETTIN, ERIC ESQUIRE
2843 EXECUTIVE PK DR
WESTON, FL 33331 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: D/P () Delete
Name: SCHLAKMAN, BRUCE M.D.
Address: 2548 HUNTERS RUN WAY
City-St-Zip: WESTON, FL 33327

Title: VST () Delete
Name: SCHLAKMAN, CHARNA
Address: 2548 HUNTERS RUN WAY
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SCHLAKMAN, BRUCE M.D.
Address: 705 ARLINGTON CT.
City-St-Zip: MADISON, MS 39110

Title: VST (X) Change () Addition
Name: SCHLAKMAN, CHARNA
Address: 705 ARLINGTON CT.
City-St-Zip: MADISON, MS 39110

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE SCHLAKMAN

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01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date