

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003870

Entity Name: SAFESTITCH MEDICAL, INC.

FILED
Feb 23, 2010
Secretary of State

Current Principal Place of Business:

4400 BISCAYNE BLVD., STE. 670
MIAMI, FL 33137

New Principal Place of Business:

4400 BISCAYNE BLVD.
MIAMI, FL 33137

Current Mailing Address:

4400 BISCAYNE BLVD., STE. 670
MIAMI, FL 33137

New Mailing Address:

4400 BISCAYNE BLVD.
MIAMI, FL 33137

FEI Number: 11-2962080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C
Name: HSIAO, JANE H PH.D.
Address: 4400 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: PCEO
Name: SPRAGENS, JEFFREY
Address: 4400 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: S
Name: WEINGARD, JOSHUA B
Address: 4400 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: COO
Name: DAVIS, STEWART B M.D.
Address: 4400 BISCAYNE BLVD., STE. 670
City-St-Zip: MIAMI, FL 33137

Title: CFO
Name: JACKSON, ADAM S
Address: 4400 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

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: ADAM S. JACKSON

CFO

02/23/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date