

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005061

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** SPECIALTY MEDICAL PRODUCTS, INC.

**Current Principal Place of Business:**

507 HICKORY RIDGE TRAIL SUITE 130  
WOODSTOCK, GA 30188

**New Principal Place of Business:**

101 SMOKE HILL LANE  
SUITE 100  
WOODSTOCK, GA 30188

**Current Mailing Address:**

507 HICKORY RIDGE TRAIL SUITE 130  
WOODSTOCK, GA 30188

**New Mailing Address:**

101 SMOKE HILL LANE  
SUITE 100  
WOODSTOCK, GA 30188

FEI Number: 58-2115545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

THOMPSON, WENDELL  
4124 GRAND CHAMP CIRCLE  
PALM HARBOR, FL 34685 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: PS  
Name: LAIR, ANTHONY C  
Address: 101 SMOKE HILL LANE  
City-St-Zip: WOODSTOCK, GA 30188

Title: T  
Name: LAIR, CAREY M  
Address: 101 SMOKE HILL LANE  
City-St-Zip: WOODSTOCK, GA 30188

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: TONY C LAIR

PS

02/09/2011

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

\_\_\_\_\_ Date