


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # G73122  
1. Entity Name  
AARON MEDICAL INDUSTRIES, INC.



Principal Place of Business      Mailing Address  
7100 30TH AVE N                      7100 30TH AVE N  
ST PETERSBURG, FL 33710-2902 US      ST PETERSBURG, FL 33710-2902 US

**DO NOT WRITE IN THIS SPACE**



02092005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
59-2361305      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARON, ROBERT J.  
9807 ASHLEY DR  
SEMINOLE, FL 34642

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SARON, J. ROBERT
STREET ADDRESS	9807 ASHLEY DR
CITY - ST - ZIP	SEMINOLE, FL
TITLE	D
NAME	MAKRIDES, ANDREW
STREET ADDRESS	7100 30TH AVE N
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	CITRONOWICZ, MOSHE
STREET ADDRESS	2806 MEADOW HILL DR., N
CITY - ST - ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000244233  
02/26/05-80012-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:       2/10/05      7278038512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day into Phone #