

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73122

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: AARON MEDICAL INDUSTRIES, INC.

**Current Principal Place of Business:**

7100 30TH AVE N  
ST PETERSBURG, FL 337102902 US

**New Principal Place of Business:**

**Current Mailing Address:**

7100 30TH AVE N  
ST PETERSBURG, FL 337102902 US

**New Mailing Address:**

FEI Number: 59-2361305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SARON, ROBERT J.  
9807 ASHLEY DR  
SEMINOLE, FL 34642 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: PTD ( ) Delete  
Name: SARON, J. ROBERT,  
Address: 9807 ASHLEY DR  
City-St-Zip: SEMINOLE, FL

Title: D ( ) Delete  
Name: MAKRIDES, ANDREW  
Address: 7100 30TH AVE N  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: CITRONOWICZ, MOSHE  
Address: 2806 MEADOW HILL DR., N  
City-St-Zip: CLEARWATER, FL

Title: CFO ( ) Delete  
Name: PICKETT, GARY D  
Address: 7100 30TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33710 29

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY D. PICKETT

CFO

02/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date