

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000109345 1. Entity Name COMPASS MEDICAL, INC.	
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Principal Place of Business 1950 COMPASS COVE VERO BEACH, FL 32963	Mailing Address 1950 COMPASS COVE VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE

07162004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0751356	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WELTER, NANCY V
1950 COMPASS COVE
VERO BEACH, FL 32963**

**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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELTER, NANCY V 1950 COMPASS COVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATEN, PEGGY S 548 GROVE ISLE CIRCLE UNIT 201 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELTER, RACHEL 1950 COMPASS COVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELTER, JENNIFER 1950 COMPASS COVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/23/04-80003-011 150.00

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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)(3), 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: Nancy V Welter July 16, 04 772 5640050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #