

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000082877

Entity Name: S.A.J. MEDICAL, INC.

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1230 NE 12TH AVE.  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1230 NE 12TH AVE.  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 26-0068490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JORDAN, STUART  
1230 NE 12TH AVENUE  
FORT LAUDERDALE, FL 33304 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: D  
Name: JORDAN, STUART  
Address: 1230 NE 12TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: STUART JORDAN

PRES

03/07/2011

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

\_\_\_\_\_  
Date