

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154093

Entity Name: SANIBEL MEDICAL, INC.

FILED  
Feb 16, 2012  
Secretary of State

**Current Principal Place of Business:**

275 GEORGE ROAD SE  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

2499 PALM RIDGE ROAD  
SANIBEL, FL 33957 US

**Current Mailing Address:**

1723 SEAFAN CIR  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

1723 SEAFAN CIR  
NORTH FORT MYERS, FL 33903 US

FEI Number: 20-0504294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KYLE, KEVIN A  
1520 ROYAL PALM SQUARE BOULEVARD, STE 320  
FORT MYERS, FL 33919 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: MR  
Name: WRIGHT, GARY N MD  
Address: 1723 SEAFAN CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: MRS  
Name: WRIGHT, SUSAN I DMD  
Address: 1723 SEAFAN CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

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: GARY NORMAN WRIGHT MD

OWNE

02/16/2012

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

\_\_\_\_\_ Date