

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019657

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** SAFE GUARD MEDI-SYSTEMS CORP

**Current Principal Place of Business:**

21301 NORTHEAST 20TH AVENUE  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

21301 NORTHEAST 20TH AVENUE  
NORTH MIAMI BEACH, FL 33179 US

**Current Mailing Address:**

21301 NORTHEAST 20TH AVENUE  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 20-2376882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSTD  
Name: EISENBERG, NORMAN  
Address: 21301 NORTHEAST 20TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP  
Name: SLAVIN, DOUGLAS M.D.  
Address: 1111 KANE CONCOURSE SUITE 111  
City-St-Zip: BAY HARBOUR, FL 33154

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: NORMAN EISENBERG

PRES

01/21/2011

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

\_\_\_\_\_  
Date