

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000138870

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** PRIZM MEDICAL INC.

**Current Principal Place of Business:**

9015 TOWN CENTER PARKWAY  
#111  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

9015 TOWN CENTER PARKWAY  
#111  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

**FEI Number:** 20-3603858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARDI, LES CPA  
7061 S TAMiami TRAIL  
SARASOTA, FL 342315559 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: DR  
Name: YAFFE, MICHAEL  
Address: 9015 TOWN CENTER PARKWAY #111  
City-St-Zip: LAKEWOOD RANCH, FL 34202 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: MICHAEL YAFFE

DR

04/15/2012

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

\_\_\_\_\_  
Date