

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38684

Entity Name: ADATIF MEDICAL INC.

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

3660 INTERSTATE PKWY  
RIVIERA BCH., FL 33404

**New Principal Place of Business:**

3750 PROSPECT AVE  
RIVIERA BCH., FL 33404

**Current Mailing Address:**

3660 INTERSTATE PKWY  
RIVIERA BCH., FL 33404

**New Mailing Address:**

3750 PROSPECT AVE  
RIVIERA BCH., FL 33404

FEI Number: 51-0339053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURNER, KERRIGAN  
3660 INTERSTATE PKWY  
RIVIERA BCH., FL 33404 US

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

TURNER, KERRIGAN  
3750 PROSPECT AVE  
RIVIERA BCH., FL 33404 US

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

04/15/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TURNER, KERRIGAN  
Address: 3660 INTERSTATE PKWY  
City-St-Zip: RIVIERA BCH, FL 33404

Title: DS ( ) Delete  
Name: ADAM TURNER  
Address: 3660 INTERSTATE PKWY  
City-St-Zip: RIVIERA BCH, FL 33404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TURNER, KERRIGAN  
Address: 3750 PROSPECT AVE  
City-St-Zip: RIVIERA BCH, FL 33404

Title: DS (X) Change ( ) Addition  
Name: ADAM TURNER  
Address: 3750 PROSPECT AVE  
City-St-Zip: RIVIERA BCH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KERRIGAN TURNER

Electronic Signature of Signing Officer or Director

PD

04/15/2009

Date