# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2005 8:00 am**
**Secretary of State**
03-03-2005 90177 043 ***150.00

DOCUMENT # P04000015318

1. Entity Name
TITAN MEDICAL PROCESSING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3035 TRAVELERS PALM DRIVE<br>EDGEWATER, FL 32141 | 3035 TRAVELERS PALM DRIVE<br>EDGEWATER, FL 32141 |

01172005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 500 Pullman Rd | P.O. Box 1153 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: EDGEWATER, FL | City & State: EDGEWATER, FL |
| Zip: 32132 Country: US | Zip: 32132 Country: US |

4. FEI Number: 20-009-0083 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MACK, JAMES E<br>1321 SAXON DRIVE<br>NEW SMYRNA BEACH, FL 32169 | Name: DONNA A QUINN<br>Street Address (P.O. Box Number is Not Acceptable)<br>3040 TRAVELERS PALM DR<br>City: EDGEWATER FL Zip Code: 32141 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Donna A Quinn PCEO 1-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCEO<br>QUINN, DONNA<br>3040 TRAVELERS PALM DRIVE<br>EDGEWATER, FL 32141 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>POPOVICH, WILLIAM<br>3035 TRAVELERS PALM DRIVE<br>EDGEWATER, FL 32141 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>POPOVICH, GERRY<br>3035 TRAVELERS PALM DRIVE<br>EDGEWATER, FL 32141 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>QUINN, DANIEL<br>3040 TRAVELERS PALM DRIVE<br>EDGEWATER, FL 32141 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>QUINN, DONNA<br>3040 TRAVELERS PALM DRIVE<br>EDGEWATER, FL 32141 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Donna A Quinn DONNA A QUINN 1-21-05 386-314-9567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #