## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000143348

YANES, ROSA L

WESTON, FL 33327

1844 LIGHTHOUSE COURT

Name: Address:

City-St-Zip:

**FILED** Apr 16, 2009 Secretary of State

Entity Name: CR MEDICAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 1500 WESTON RD, SUITE 200-5 WESTON, FL 33326 **Current Mailing Address: New Mailing Address:** 1500 WESTON RD, SUITE 200-5 WESTON, FL 33326 FEI Number: 20-3686761 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: **ROSA L.YANES** JENTZ, MIGUEL 1844 LIGHTHOUSE COURT 1255 SW 114TH WAY WESTON, FL 33327 DAVIE, FL 33325 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: MIGUEL JENTZ 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition ROMERO, ARELYS Name: Name: 1844 LIGHTHOUSE COURT Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: DVPT () Delete Title: () Change () Addition Name: JIMENEZ, MARIA A Name: 1844 LIGHTHOUSE COURT Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition JENTZ, MIGUEL R Name: JENTZ, MIGUEL R Name: 1844 LIGHTHOUSE COURT 1255 SW 114TH WAY Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: **DAVIE, FL 33325** Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MIGUEL JENTZ D 04/16/2009