

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060526

Entity Name: TRI-SENSE MEDICAL, INC.

FILED
Jan 21, 2010
Secretary of State

Current Principal Place of Business:

13020 PARK BLVD.
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

13020 PARK BLVD.
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 90-0098862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROHAUER, GARY N
1150 CLEVELAND STREET
SUITE 300
CLEARWATER, FL 33755 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: COLLINS, DONALD A
Address: 13020 PARK BLVD.
City-St-Zip: SEMINOLE, FL 33776

Title: D
Name: CLARKSON, TODD F
Address: 13020 PARK BLVD
City-St-Zip: SEMINOLE, FL 33776

Title: D
Name: FISHER, MARIANNE
Address: 13020 PARK BLVD
City-St-Zip: SEMINOLE, FL 33776

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: MARIANNE FISHER

D

01/21/2010

Electronic Signature of Signing Officer or Director

_____ Date