

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074346

Entity Name: RITTER MEDICAL INC.

Current Principal Place of Business:

14404 SE 95TH CT.
SUMMERFIELD, FL 34491

Current Mailing Address:

P.O. BOX 955
SUMMERFIELD, FL 34492

FEI Number: 59-3663488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RITTER, TIM
14404 S.E. 95TH CT.
SUMMERFIELD, FL 34491 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

Date

Officer/Director Detail :

Title	PT	Title	VPS
Name	RITTER, TIMOTHY J	Name	RITTER, JULIA G
Address	14404 95TH ST	Address	14404 SE 95TH CT
City-State-Zip:	SUMMERFIELD FL 34491	City-State-Zip:	SUMMERFIELD FL 34491

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: TIMOTHY J. RITTER

PRES.

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date