

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000068218

**Entity Name:** H-S MEDICAL, INC.

**Current Principal Place of Business:**

4521 N DIXIE HWY  
BOCA RATON, FL 33431

**Current Mailing Address:**

4521 N DIXIE HWY  
BOCA RATON, FL 33431

**FEI Number:** 65-1122802

**Certificate of Status Desired:** No

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

IMPROTA, LUCIO  
4521 N DIXIE HWY  
BOCA RATON, FL 33431 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            CEO  
Name            IMPROTA, CATERINA E CEO  
Address        4521 N DIXIE HWY  
City-State-Zip: BOCA RATON FL 33431

Title            D  
Name            VELEZ, FRANCISCO  
Address        4521 N DIXIE HWY  
City-State-Zip: BOCA RATON FL 33431

Title            D  
Name            BARON, CLAUDIA  
Address        4521 N DIXIE HWY  
City-State-Zip: BOCA RATON FL 33431

*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:** CATERINA IMPROTA

CEO

02/21/2013

Electronic Signature of Signing Officer/Director Detail

Date