

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000138870

**Entity Name:** PRIZM MEDICAL INC.

**Current Principal Place of Business:**

9114 58TH DRIVE EAST  
109  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

P.O.BOX 733  
ELLENTON, FL 34222 US

**FEI Number:** 20-3603858

**Certificate of Status Desired:** Yes

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

GARDI, LES CPA  
7061 S TAMIAMI TRAIL  
SARASOTA, FL 34231-5559 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 DR  
Name YAFFE, MICHAEL G  
Address 9114 58TH DRIVE EAST  
109  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** MICHAEL G YAFFE, MD

MD

03/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date