

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000143348

**Entity Name:** CR MEDICAL, INC.

**Current Principal Place of Business:**

1241 STIRLING ROAD  
UNIT 116  
DANIA BEACH, FL 33004

**Current Mailing Address:**

1241 STIRLING ROAD  
UNIT 116  
DANIA BEACH, FL 33004

**FEI Number:** 20-3686761

**Certificate of Status Desired:** No

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

BENZAQUEN, ELEAZAR  
1241 STIRLING ROAD  
UNIT 116  
DANIA BEACH, FL 33004 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 SALES MANAGER  
Name BENZAQUEN, ELEAZAR  
Address 1241 STIRLING ROAD UNIT 116  
City-State-Zip: DANIA BEACH FL 33004

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:** ELEAZAR BENZAQUEN

**SALES MANAGER**

**04/23/2014**

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

\_\_\_\_\_  
Date