

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000088719

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

**Current Principal Place of Business:**

302 HARBOUR PLACE DR #3401  
TAMPA, FL 33602

**Current Mailing Address:**

302 HARBOUR PLACE DR #3401  
TAMPA, FL 33602 US

**FEI Number:** 26-3386882

**Certificate of Status Desired:** No

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

BARBER, DOUGLAS P  
912 SHORELINE CIR  
PONTE VEDRA BEACH, FL 32082 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 P  
Name BARBER, DOUGLAS P  
Address 302 HARBOUR PLACE DR. #3401  
City-State-Zip: TAMPA FL 33602

*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:** DOUGLAS P. BARBER

**PRESIDENT**

**01/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date