

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000007375

**Entity Name:** SARASOTA MEDICAL PRODUCTS, INC.

**Current Principal Place of Business:**

1451 SARASOTA CENTER BLVD.  
SARASOTA, FL 34240

**Current Mailing Address:**

1451 SARASOTA CENTER BLVD.  
SARASOTA, FL 34240

**FEI Number: 27-1723991**

**Certificate of Status Desired: No**

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

CASWELL, CHRIS  
240 S PINEAPPLE AVE STE 802  
SARASOTA, FL 34236 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 DIRECTOR, CEO, TREASURER,  
PRESIDENT, CHAIRMAN  
Name LEISE, WALTER FIII DR.  
Address 5730 ROCK DOVE DRIVE  
City-State-Zip: SARASOTA FL 34241

Title DIRECTOR, SECRETARY, VP  
Name KEYES, DENIS  
Address 8710 MIDNIGHT PASS RD. #301B  
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR, VP, SECRETARY  
Name LEISE, WALTER FJR  
Address 11114 STAR RUSH PLACE  
City-State-Zip: BRANDENTON FL 34211

Title DIRECTOR  
Name GYANN, JOHN  
Address 10216 WERCH DRIVE  
SUITE 109  
City-State-Zip: WOODRIDGE IL 60517

Title DIRECTOR  
Name PLACE, JEFF  
Address 10216 WERCH DRIVE  
SUITE 109  
City-State-Zip: WOODRIDGE IL 60517

*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: DR. WALTER F LEISE III**

**CEO**

**04/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date