

2015 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: Yes

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: LEISE , WALTER FIII , DR.

**DIRECTOR, CEO,
TREASURER,
PRESIDENT, CHAIRMAN**

04/18/2015

Electronic Signature of Signing Officer/Director Detail

Date