

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000016130

Entity Name: ST GEORGE MEDICAL, INC.**Current Principal Place of Business:**3700 ISLAND BLVD
APARTMENT C-208
AVENTURA, FL 33160**Current Mailing Address:**3700 ISLAND BLVD
APARTMENT C-208
AVENTURA, FL 33160 US**FEI Number:** 45-4560443**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOICOECHEA, GEORGE LDR.
3700 ISLAND BLVD
APARTMENT C-208
AVENTURA, FL 33160 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	GOICOECHEA, GEORGE LDR.
Address	3700 ISLAND BLVD APARTMENT C-208
City-State-Zip:	AVENTURA FL 33160
Title	T
Name	CAREY, ROBERT ESQ.
Address	4301 SOUTH FLAMINGO ROAD, SUITE 106/111
City-State-Zip:	DAVIE FL 33330
Title	D
Name	PARODI, JUAN C
Address	DON BOSCO 3235, SAN ISIDRO, BUENOS AIRES
City-State-Zip:	ARGENTINA

Title	S
Name	GOICOECHEA, ANA
Address	3700 ISLAND BLVD APARTMENT C-208
City-State-Zip:	AVENTURA FL 33160
Title	D
Name	BJORNSTAD, GURO
Address	RUGLAND VEIEN 147, N-1359 EIKSMARKA
City-State-Zip:	NORWAY

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: ROBERT CAREY**TREASURER****01/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date