

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000102625

**Entity Name:** INTEST MEDICAL DEVICE INC.

**Current Principal Place of Business:**

171 MUIRFIELD CIRCLE  
NAPLES, FL 34113

**Current Mailing Address:**

4061 WYNDHAM HILL DR  
HOPKINS, MN 55343

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

AGAR, RICHARD J  
171 MUIRFIELD CIRCLE  
NAPLES, FL 34113 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	Title	SEC
Name	AGAR, RICHARD J	Name	AGAR, RICHARD J
Address	171 MUIRFIELD CIRCLE	Address	171 MUIRFIELD CIRCLE
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113
Title	TREA	Title	DIR
Name	AGAR, RICHARD J	Name	AGAR, RICHARD J
Address	171 MUIRFIELD CIRCLE	Address	171 MUIRFIELD CIRCLE
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113

*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:** RICHARD J AGAR

**PRESIDENT**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date