

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000044160

**Entity Name:** HERON MEDICAL INC

**Current Principal Place of Business:**

5041 STATE RD 7  
419  
DAVIE, FL 33314

**Current Mailing Address:**

5041 STATE RD 7  
419  
DAVIE, FL 33314 US

**FEI Number:** 45-3570231

**Certificate of Status Desired:** No

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

HERON, JAZMIN  
5041 STATE RD 7M STE  
419  
DAVIE, FL 33314 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 HERON, JAZMIN  
Address 5041 STATE RD 7 STE 419  
City-State-Zip: DAVIE FL 33314

Title VP  
Name HERON, FRANCIS  
Address 5041 STATE RD 7 STE 419  
City-State-Zip: DAVIE FL 33314

*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:** FRANCIS J HERON

**PREIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date