

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002540

**Entity Name:** KELLER MEDICAL, INC.

**Current Principal Place of Business:**

1239 SE INDIAN STREET  
SUITE 112  
STUART, FL 34997

**Current Mailing Address:**

1239 SE INDIAN ST  
SUITE 112  
STUART, FL 34997 US

**FEI Number:** 26-2093764

**Certificate of Status Desired:** No

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

PREISSMAN, HOWARD  
30 SIMARA STREET  
STUART, FL 34994 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	CP	Title	D
Name	PREISSMAN, HOWARD	Name	KELLER, KEVIN M.D.
Address	30 SIMARA STREET	Address	49 PARKINS LAKE ROAD
City-State-Zip:	STUART FL 34996	City-State-Zip:	GREENVILLE SC
Title	D	Title	S
Name	LOH, IH-HOUNG PH.D.	Name	RICH, ADRIAN
Address	9 LINNELL CIRCLE	Address	305 LYTTON AVENUE
City-State-Zip:	BILLERICA MA 01821	City-State-Zip:	PALO ALTO CA 94301

*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:** HOWARD PREISSMAN

**CEO**

**01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date