

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001305

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

**Current Principal Place of Business:**

16707 Q STREET  
SUITE 2C  
OMAHA, NE 68135

**Current Mailing Address:**

16707 Q STREET  
SUITE 2C  
OMAHA, NE 68135

**FEI Number:** 45-1267917

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	VD	Title	PST
Name	DARTMAN, PAUL	Name	DARTMAN, KAY L
Address	87223 HIGHWAY 13	Address	16707 Q STREET #2C
City-State-Zip:	CREIGHTON NE 68729	City-State-Zip:	OMAHA NE 68135

*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:** KAY DARTMAN

**PRESIDENT**

**03/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date