

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001874

**Entity Name:** COLD PLASMA MEDICAL TECHNOLOGIES, INC.**Current Principal Place of Business:**118 WEST 2ND STREET  
SANFORD, FL 32771**Current Mailing Address:**118 WEST 2ND STREET  
SANFORD, FL 32771**FEI Number:** 27-1975173**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 D, PRESIDENT, CHAIRMAN  
Name JACOFISKY, DAVID J  
Address 8502 EAST PRINCESS DRIVE, SUITE  
210  
City-State-Zip: SCOTTSDALE AZ 85255

Title D  
Name WATSON, GREGORY A  
Address 118 WEST 2ND STREET  
City-State-Zip: SANFORD FL 32771

Title D  
Name SANDERS, ROY W  
Address 118 WEST 2ND STREET  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR, CEO, TREASURER  
Name HUMMEL, ROBERT  
Address 8502 EAST PRINCESS AVENUE  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

Title D, SECRETARY  
Name ROBINSON, RONALD  
Address 118 WEST 2ND STREET  
City-State-Zip: SANFORD FL 32771

Title D  
Name LAWSON, RON  
Address 118 WEST 2ND STREET  
City-State-Zip: SANFORD FL 32771

Title D  
Name BRIGIDO, STEPHEN A  
Address 8502 E PRINCESS DRIVE  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

*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:** DAVID J. JACOFISKY

PRESIDENT

01/08/2014

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